

UNITED STATES DISTRICT COURT

for the
Southern District of IllinoisLEONARD BADENHORST (SAMANTHA)Case Number: 25-382-SPM

(Clerk's Office will provide)

Plaintiff(s)/Petitioner(s)

IDOC DIRECTOR LATOYA HUGHES
CCC WARDEN DANIEL MONTI
WEXFORD HEALTH SERVICES INC.
HEVA CHRISTINE VILLYARD☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☒ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act, 28 U.S.C.

§§1346, 2671-2680, or other law

42 USC § 12101 et seq ADA

29 USC § 794 RA

42 USC § 1985(3)

ALL TORTS

Defendant(s)/Respondent(s)

ADA COORDINATOR TERRY SHULTY
~~ST. HUGHES~~

I. JURISDICTION

Plaintiff: SAMANTHA' (LEONARD) BADENHORSTA. Plaintiff's mailing address, register number, and present place of
confinement. LEONARD BADENHORST M16573CENTRALIA CORR CENTER
9330 SHATTUCK RD
CENTRALIA, IL 62801Defendant #1: IDOC DIRECTOR LATOYA HUGHES:B. Defendant LATOYA HUGHES is employed as
(a) (Name of First Defendant)IDOC DIRECTOR

(b) (Position/Title)

with IDOC AT P.O. BOX 19277 SPRINGFIELD,
(c) (Employer's Name and Address)IL 62794.At the time the claim(s) alleged this complaint arose, was Defendant #1
employed by the state, local, or federal government? ☒ Yes ☐ NoIf your answer is YES, briefly explain: IDOC DIRECTOR LATOYA
HUGHES IS EMPLOYED BY THE STATE OF ILL TO RUN
THE ILL DEPT. OF CORRECTIONS AND OPERATED UNDER
THE COLOR OF STATE LAW AT ALL TIMES. SHE IS
SUID IN HER OFFICIAL CAPACITY UNDER THE ADA + RA

PROUDNS HER SHE AND SAMANTHA AND WILL BE REFERED TO USING THESE ~~PROUDNS~~ PROUDNS THOUGHT OUT THE REMAINDER OF THIS PLEADING.

DEFENDANT #2: PREVIOUS WARDEN OF CENTRALIA CORR. CENTER DANIEL MONTI:

DEFENDANT DANIEL MONTI IS EMPLOYED AS

PROMOTED TO UNKNOWN POSITION IN IDOC WITH IDOC AT P.O. BOX 19227 SPRINGFIELD, IL 62794

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE, WAS DEFENDANT #2 EMPLOYED BY THE STATE, LOCAL, OR FEDERAL GOV. ☒ YES

EXPLAIN: DANIEL MONTI WAS WARDEN OF CCL FOR APPROX 3-4 YEARS PRECEDING HIS PROMOTION IN APPROX JAN-FEB 2025 DANIEL MONTI OPERATED UNDER COLOR OF STATE LAW AT ALL TIMES AND IS SUED IN HIS INDIVIDUAL CAPACITY UNDER ILL TORTS, 42 USC § 1983, 42 USC § 1985(3) FOR DAMAGES AND HIS OFFICIAL CAPACITY FOR INJUNCTIVE RELIEF UNDER 42 USC § 1983.

DEFENDANT #3: WEXFORD HEALTH SOURCES INC.

DEFENDANT WEXFORD HEALTH SOURCES INC. IS THE MEDICAL CONTRACTOR FOR THE ILL DEPT. OF CORRECTIONS AND IS LOCATED OUT OF PENNSYLVANIA.

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE WAS DEFENDANT #3 CONTRACTED BY THE THE STATE OF ILL ☒ YES.

EXPLAIN: WEXFORD HEALTH SOURCES INC HAS BEEN THE MEDICAL CONTRACTOR FOR IDOC FOR DECADES AND WAS RECENTLY AWARDED A REBID ON THEIR CONTRACT. WEXFORD HEALTH SOURCES OPERATES UNDER COLOR OF STATE LAW AT ALL TIMES AND IS SUED AS A PERSON IN THEIR INDIVIDUAL CAPACITY FOR DAMAGES.

DEFENDANT #4: HEALTH CARE UNIT ADMINISTRATOR CHRISTINE VINEYARD.

DEFENDANT CHRISTINE VINEYARD IS EMPLOYED AS THE HEALTH CARE ADMINISTRATOR OF CENTRALIA CORR CENTER WITH THE ILL DEPT. OF CORR. AT 9330 SHATTUCK RD CENTRALIA, IL 62801

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE WAS DEFENDANT #4 EMPLOYED BY THE STATE, LOCAL, OR FEDERAL GOVERNMENT ☒ YES

EXPLAIN: CHRISTINE VINEYARD WAS Hired AS THE HCUA SHORTLY AFTER DANIEL MONTI WAS PROMOTED TO WARDEN AND SHE CONTINUED IN THIS POSITION TH OF THIS FILING. SHE IS SUED IN HER INDIVIDUAL CAPACITY UNDER ILL TORT LAW, 42 USC § 1983 FOR DAMAGES AND HER OFFICIAL CAPACITY FOR INJUNCTIVE RELIEF UNDER 42 USC § 1983. CHRISTINE VINEYARD OPERATED UNDER COLOR OF STATE LAW AT ALL TIMES.

DEFENDANT #5 THE PSYCHIATRY BOARD ASSUMED TO BE COMPRIZED OF UNKNOWN MEMBERS FROM WEXFORD HEALTH SOURCES INC AND IDOC. JOHN/JANE DOE 2 → N TO BE DETERMINED LATER.

DEFENDANT THE PSYCHIATRY BOARD IS EMPLOYED BY WEXFORD HEALTH SOURCES INC OUT OF PEARSBY VILLAGE AND IDOC ASSIGNED TO BE AT P.O. BOX 19277 SPRINGFIELD, IL 62794 AND IS CONSULTED TO MAKE POLICY FOR PSYCHIATRIC AND MENTAL HEALTH TREATMENT FOR IDOC.

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE, WAS DEFENDANT #5 EMPLOYED BY THE STATE, LOCAL, OR FEDERAL GOVERNMENT ☒ YES

EXPLAIN: THE PSYCHIATRY BOARD IS COMPRIZED OF MEDICAL PROFESSIONALS THAT ARE CONSULTED TO MAKE POLICY FOR PSYCHIATRIC TREATMENT FOR INMATES AT IDOC. BOARD MEMBERS CHANGE PERIODICALLY AND A LIST WILL NEED TO BE PROVIDED OF BOARD MEMBER AT OR APPROX 7-10-24 FOR THE MAKING OF THE POLICY NOT TO MENT. THEY OPERATED UNDER COLOR OF STATE LAW AT ALL TIMES AND ARE SUID IN THEIR INDIVIDUAL CAPACITY UNDER ILL TORT LAW AND 42 USC § 1983 FOR DAMAGES.

DEFENDANT #6: MENTAL HEALTH AUTHORITY JANE DOE 1

DEFENDANT JANE DOE 1 IS EMPLOYED AS THE MENTAL HEALTH AUTHORITY WITH CENTRALIA CORR. CENTRE AT 9330 SHATTUCK RD CENTRALIA, IL 62801

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE, WAS DEFENDANT #6 EMPLOYED BY THE STATE, LOCAL, OR FEDERAL GOV. ☒ YES

EXPLAIN: JANE DOE 1 WAS EMPLOYED BY IDOC DURING THE EVENTS ACCURING ON 7-10-24 AND CONTINUES IN HER POSITION TODAY. JANE DOE 1 IS SUID IN HER INDIVIDUAL CAPACITY FOR DAMAGES UNDER ILL TORT LAW, 42 USC § 1983 AND IN HER OFFICIAL CAPACITY UNDER 42 USC § 1983 FOR INJUNCTIVE RELIEF. JANE DOE 1 OPERATED UNDER COLOR OF STATE LAW AT ALL TIMES.

DEFENDANT #7: DR BEDNARZ

DEFENDANT DR BEDNARZ IS EMPLOYED BY WEXFORD HEALTH SOURCES INC WITH THE IDOC AT CENTRALIA CORR. CENTRE AT 9330 SHATTUCK RD CENTRALIA, IL 62801

AT THE TIME THE CLAIMS ALLEGED THIS COMPLAINT AROSE, WAS DEFENDANT #7 EMPLOYED BY THE STATE, LOCAL, OR FED GOV. ☒ YES.

EXPLAIN: DR BEDNARZ HAS BEEN A TELEPSYCHIATRIST FOR THE CENTRALIA CORR. CENTRE FOR MANY YEARS AND OPERATES UNDER THE COLOR OF STATE LAW AT ALL TIMES. DR BEDNARZ IS SUID ~~IN~~ IN HIS INDIVIDUAL CAPACITY UNDER ILL TORT LAW AND 42 USC § 1983 FOR DAMAGES.

DEFENDANT #8 THE ADA COORDINATOR TERRY SHULTY

Defendant Terry Shulty is employed as
THE ADA COORDINATOR WITH IDOL AT CENTRALCA CORR.
CENTRE 9330 SHATTUCK RD CENTRALCA, IL 62801

AT THE TIMES THE CLAIMS ALLEGED THIS COMPLAINT AROSE, WAS
DEFENDANT #8 EMPLOYED BY THE STATE, LOCAL, OR FED GOV.

☒ yes

EXPLAIN: TERRY SHULTY WAS THE FORMER HEAD OF
MENTAL HEALTH AT CCC PRIOR TO A POSITION CHANGE
TO THE ADA COORDINATOR A FEW YEARS AGO. TERRY
SHULTY OPERATED UNDER COLOR OF STATE LAW AT ALL TIMES
AND IS SUED IN HER INDIVIDUAL CAPACITY UNDER ILL TORT
LAW AND 42 USC § 1983 FOR DAMAGES AND HER OFFICIAL
CAPACITY UNDER 42 USC § 1983 FOR INJUNCTIVE RELIEF.

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☒ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): *STATE OF IL*

Defendant(s): *LEONARD BARENHART*

2. Court (if federal court, name of the district; if state court, name of the county): *LAKEVIEW COUNTY COURT*

3. Docket number: *08 CF 138*

4. Name of Judge to whom case was assigned: *7*

5. Type of case (for example: Was it a habeas corpus or civil rights action?): *2-1401*

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): *pending*

7. Approximate date of filing lawsuit: *9-24-24*
8. Approximate date of disposition:
Pending
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?" *NOT APPLICABLE.*

III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No
- C. If your answer is YES,
1. What steps did you take? *FILED GRIEVANCES, APPEALED TO WARRIOR, APPEALED TO ADMIN. REVIEW BOARD*
 2. What was the result?
ALL DENIED
- D. If your answer is NO, explain why not.
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No
- F. If your answer is YES,
1. What steps did you take?

2. What was the result?

Pending.

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

yes.

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

~~STATEMENT~~ STATEMENT OF CLAIMS IS WRITTEN ON BLACK
PAPER ATTACHED

CLAIM 1 IS A VIOLATION OF TITLE II, THE "PUBLIC ENTITY" SECTION OF THE ADA AND SECTION 504 OF THE RA AGAINST DEFENDANT LAYTONA HUGHES IN HER OFFICIAL CAPACITY AS DIRECTOR OF IDOC FOR DISCRIMINATION BY A PUBLIC ENTITY RECEIVING FEDERAL FUNDS BY REASON OF THE PLAINTIFFS QUALIFYING DISABILITY.

POSITIVE FACTS IN SUPPORT OF CLAIM 1

- 1) TITLE II OF THE ADA CREATES SUBSTANTIVE DUTIES ON EMPLOYEES AND ADMINISTRATORS OF A PUBLIC ENTITY SUCH AS THE ILL. DEPT OF CORRECTIONS, SPECIFICALLY THE CENTRALIA CORR CENTRE, TO INSURE NO PERSON, INMATE OR OTHERWISE, IS SUBJECT TO DISCRIMINATION BY REASON OF THEIR DISABILITY.
- 2) THESE DUTIES CONCERNING IMPLEMENTATION OF SOLUTIONS AND TO ELIMINATE THE DISCRIMINATION FACT, BY HER POSITION, SPECIFICALLY OF THE ADA COORDINATOR, TERRY GRUTY, WHOSE PREVIOUS POSITION AS MENTAL HEALTH ADMINISTRATOR OF CENTRALIA CORR. CENTRE, AND HER EDUCATION IN PSYCHOLOGY, ALONG WITH HER INVOLVEMENT IN OTHER INMATE ISSUES CONCERNING AUTISM SPECTRUM DISORDER PROVIDE HER WITH SPECIFIC SOLUTIONS TO PREVENT DISCRIMINATION AGAINST AND DETERMINE APPROPRIATE SERVICES AND NEEDS OF THE PLAINTIFF WITH AUTISM SPECTRUM DISORDER SYMPTOMS.
- 3) THE ADA COORDINATOR RESPONDS TO PLAINTIFF'S GRIEVANCE # K7-0724-726E (SEE ATTACHED DOC 1-5); BECAUSE DR BEDNARZ DID NOT PROVIDE A MEDICAL DIAGNOSIS FOR AUTISM SPECTRUM DISORDER THE PLAINTIFF MUST FOLLOW THE AD 04.01.111 "ADA ACCOMMODATION" (SEE ATTACHED DOC 6-8 FOR SPECIFICS) AND THE INMATE ORIENTATION MANUAL'S DIRECTIVE FOR THE PLAINTIFF HERSELF TO APPLY FOR ADA ACCOMMODATIONS.
- 4) THE AD 04.01.111 AND THE INMATE ORIENTATION MANUAL DIRECTIVE HAVE A SPECIFIC DISCRIMINATORY EFFECT ON THE PLAINTIFF DUE TO NEUROLOGICAL DISABILITIES IN FIGURING OUT WHAT ACCOMMODATIONS WOULD BE USEFUL, AVAILABLE AND NECESSARY AND COMMUNICATION DEFICIENCIES THAT IMPED PROPER CONVEYANCE OF HIGHLY COMPLEX SYMPTOMS AND SOLUTIONS TO PROBLEMS IN CONNECTION WITH AUTISM SPECTRUM DISORDER SYMPTOMS.
- 5) THE AD 04.01.111 AND THE INMATE ORIENTATION MANUAL DIRECTIVE PROVIDE FOR ASSISTANCE VIA UNIT HOUSE COUNSELLOR IN THE EVENT OF LIMITED LANGUAGE AND WRITING ABILITIES WHICH PLACE ADA DUTIES, IN THIS INSTANCE, ON EMPLOYEES WITHOUT PROPER TRAINING OR EDUCATION IN ACCOMMODATIONS AND NEEDS FOR NEUROLOGICAL AND COMMUNICATIONS DISABILITIES ASSOCIATED WITH AUTISM SPECTRUM DISORDER. (SEE ATTACHED DOC 6-8)
- 6) THE CONFLICT BETWEEN AD 04.01.111, AND THE INMATE ORIENTATION MANUAL DIRECTIVE AND THE TITLE II OF THE ADA AND SECTION 504 OF THE RA LIMIT THE ADA COORDINATOR'S ABILITY TO ACT ON HIS/HER OWN INITIATIVE.
- 7) THE TOTALITY OF THESE FACTS HAS A SPECIFIC DISCRIMINATORY EFFECT ON THE PLAINTIFF WITH QUALIFYING SYMPTOMS OF AUTISM SPECTRUM DISORDER IN THAT THE GOAL HERE SEEMS TO PREVENT ACCESS TO REMEDIES FOR PEOPLE WITH NEUROLOGICAL AND COMMUNICATIONS BARRIERS OR DIFFICULTIES.
- 8) THE HCUA AND THE MHA ALSO HAVE SUBSTANTIVE DUTIES RELATED SUBSTANTIALLY ASSIGNED BY TITLE II OF THE ADA AND SECTION 504 OF THE RA RELATING TO THEIR POSITIONS, EDUCATION, AND EXPERIENCES TO REPORT DISCRIMINATION AND ACTIVELY SEEK SOLUTIONS TO AND PREVENTIONS OF DISCRIMINATION BY REASON OF AUTISM SPECTRUM DISORDER SYMPTOMS OF THE PLAINTIFF.

CLAIM 2 IS A VIOLATION OF 42 USC § 1983 MAINTAIN WEXFORD HEALTH SOURCES INC FOR MAINTAINING A POLICY TO DEAY THE PLAINTIFF AND ALL FAMILIES ACCESS TO SCREENING AND DIAGNOSTICS FOR AUTISM SPECTRUM DISORDER. THIS POLICY IS A VIOLATION OF THE U.S. CONST'S. 8TH AMEND. PROSCRIPTION OF CRUEL AND UNUSUAL PUNISHMENT BECAUSE ASD ~~AS~~ SYMPTOMS CREATE DANGEROUS SITUATIONS FOR THE PLAINTIFF IN AN INCARCERATION ENVIRONMENT AND CAUSE INJURY TO THE PLAINTIFF.

POSITIVE STATEMENTS OF FACTS IN SUPPORT OF CLAIM 2

- 1) ON 7-10-24 AT CORNALLIA CORR. CENTER'S HEALTH CARE UNIT, THE PLAINTIFF SAW DR BEDNARZ, A BOARD CERTIFIED PSYCHIATRIST ~~FOR~~ EMPLOYED BY WEXFORD HEALTH SOURCES INC., WHO REPORTED AND OBSERVED AUTISM SPECTRUM DISORDER SYMPTOMS CONCERNING COGNITIVE INTERRUPTION, COMMUNICATION DEFICITS, POOR EYE CONTACT, AND BEHAVIORAL PROBLEMS ASSOCIATED WITH THESE SYMPTOMS. (SEE ATTACHED AFFIDAVIT)
- 2) DR BEDNARZ STATED HE HAD MET WITH THE "PSYCHIATRY BOARD" AND EVERYONE AGREED THAT ~~HE~~ ^{they would} NOT OFFER SCREENING OR DIAGNOSTICS FOR AUTISM SPECTRUM DISORDER AT ALL.
- 3) AS PER GUIDANCE RESPONSE #KY-0724-726E, ALL STAFF ABLE TO INSURE THESE SERVICES ARE ACCESSABLE HAVE AGREED TO ENFORCE THE POLICY AGAINST SCREENING AND DIAGNOSTICS. (SEE ATTACHED DOC 1-5)
- 4) FURTHER EVIDENCE: WAGNER'S DIAGNOSIS OF ASD WAS IN 2020 AND HE IS STILL DENIED SERVICES AFTER THEY WERE ORDERED BY HIS DOCTOR, DR BELL. (SEE ATTACHED DOC 14-18)

CLAIM 3 IS A VIOLATION OF 42 USC § 1983, DIRECT EVIDENCE OF DILIGENT INDIFFERENCE, DENIAL OR DELAY OF ACCESS TO TREATMENT, FAILURE TO INQUIRE INTO ESSENTIAL FACTS THAT ARE NECESSARY TO MAKE A PROFESSIONAL JUDGMENT AND INTERFERENCE WITH MEDICAL JUDGMENT BY FACTORS UNRELATED TO PRISONER'S MEDICAL NEEDS, A VIOLATION OF THE U.S. CONST 8th AMEND. PROSCRIPTION OF CRUEL AND UNUSUAL PUNISHMENT AGAINST DR BEDNARZ, TERRY SHULTY, CHRISTINE VINEYARD AND MHA JANE DOE 1

POSITIVE FACTS IN SUPPORT OF CLAIM 3.

- 1) DR BEDNARZ AND THE "PSYCHIATRY BOARD" CREATED A POLICY TO NOT OFFER SCREENING OR DIAGNOSTICS FOR A DIAGNOSIS OF AUTISM SPECTRUM DISORDER BECAUSE IT HAS BEEN DEEMED UNDESIRABLE BY WEXFORD AND IDOL AS WELL AS WARDEN MONTI IN CONNECTION WITH WACHTER'S DIAGNOSIS OF AUTISM SPECTRUM DISORDER IN 2020, ALL ORDERED TESTS AND SERVICES WERE DENIED. (SEE ATTACHED AFFIDAVIT)
- 2) THIS POLICY PROHIBITS DR BEDNARZ FROM SCREENING OR DIAGNOSIS OF AUTISM SPECTRUM DISORDER IN THE PLAINTIFF AND, THEREFORE, NO INQUIRY INTO ESSENTIAL FACTS ABOUT THESE SYMPTOMS OR DIAGNOSIS EVER HAPPENED.
- 3) NO INQUIRY WAS ATTEMPTED OR MADE AND NO SCREENING OR DIAGNOSIS OF ANY KIND WAS OFFERED. (SEE ATTACHED DOC 1-5, 10-11)
- 4) THE HEALTH CARE ADMINISTRATION CHRISTINE VINEYARD'S DUTIES ARE TO INSURE PROPER INQUIRY AND TREATMENT IS BEING CARRIED OUT BY WEXFORD CONTRACTORS; SHE AGREED WITH THE POLICY, THE DENIAL OF TREATMENT AND DIAGNOSIS AND HAD THE KNOWLEDGE AND EXPERIENCE TO UNDERSTAND WHAT INQUIRY SHOULD HAVE BEEN MADE AND ALLOWED THE PLAINTIFF TO CONTINUE TO SUFFER DUE TO LACK OF DIAGNOSIS. (SEE ATTACHED PDL 6-7)
- 5) THE MENTAL HEALTH AUTHORITY IS REQUIRED TO INSURE PROPER INFORMATION IS AVAILABLE TO ALL DEFENDANTS IN ORDER TO ASSIST IN THIS INQUIRY; HOWEVER, SHE HAS AGREED TO PARTICIPATE IN THIS DENIAL OF SCREENING AND DIAGNOSTICS AND REFUSES TO GET APPROPRIATELY INVOLVED IN HOUSING THE PLAINTIFF OR ANY INMATES IN SINGLE CELLS EVEN THOUGH WACHTER WAS SINGLE CELLED AND GIVEN A SLOW EAT PERMIT FOR THESE SAME SYMPTOMS.
- 6) THE ADA COORDINATOR, TERRY SHULTY, THE FORMER HEAD OF MENTAL HEALTH IN 2020 WAS DIRECTLY INVOLVED IN INMATE WACHTER'S DENIAL OF TREATMENT FOR HIS ASD DIAGNOSIS AND IS ACUTELY AWARE OF SERVICES, TREATMENT AND INQUIRIES THAT NEED TO BE MADE AND SPECIFICALLY USUAL ADA ACCOMMODATIONS THAT CAN BE APPLIED BUT CONTINUES TO CHOOSE THIS POLICY TO DENY (SEE ATTACHED PDL 6-9)
- 7) TERRY SHULTY, CHRISTINE VINEYARD AND JANE DOE 1 AND DR BEDNARZ FAILED TO INQUIRE INTO FACTS NECESSARY TO MAKE PROFESSIONAL JUDGMENTS AND FLOWED THEIR INDIVIDUAL DUTIES TO THE PLAINTIFF TO INSURE SERVICES, TREATMENT, OR HELP.

CLAIM 4 AND 5: CLAIM 4 IS A VIOLATION OF 42 USC 1985(3) AND CLAIM 5 IS A VIOLATION OF THE ILL TORT OF CONSPIRACY. (THEIR ELEMENTS ARE SO SIMILAR BREVITY WAS IN ORDER SO THEY WERE COMBINED INSTEAD OF RESTATED.), AGAINST WARDEN MORTI FOR CONDUCTING A CONSPIRACY ~~OF THE~~ WITH THE LAWFUL OBJECTIVE OF SELF AGGRAVISEMENT FOR PROMOTION BY UNLAWFULLY DEPRIVING THE PLAINTIFF OF PROTECTIONS, MEDICAL TREATMENT, ADA SERVICES AND SUBJECTING HER TO PHYSICAL INJURY.

- (1) DANIEL MORTI, PREVIOUS WARDEN OF CENTRALIA CORN-CENTRE FACILED A GOAL OF SELF AGGRAVISEMENT FOR PURPOSES OF POSITIVE FUTURE REVIEW FOR PROMOTIONAL ADVANCEMENT BY POSITIONING STAFF IN DEPARTMENTS AND SECURITY POSITIONS THAT AGREED TO ASSIST IN HIS GOAL BY DIRECTLY OR INDIRECTLY LIMITING OR ELIMINATING ANY ACTUAL OR PERCEIVED INMATE PRIVILEGES, PREFERRED TREATMENT, SERVICES, SAFETY PROTECTIONS OR PROTOCOLS, AND FINALLY ANY LEGAL ENTITLEMENTS OR LEGAL PROTECTIONS HE FOUND TO BE DETRIMENTAL TO HIS GOAL.
- (2) THE HEALTH CARE ADMINISTRATION, CHRISTINE VALEY AND, AGREED TO FURTHER THIS OBJECTIVE BY INSURING THE DENIAL OF AND INTERFERENCE WITH THE SCREENING, DIAGNOSIS AND ANY AND ALL SUBSEQUENT ADA SERVICES, PROTECTIONS, AND TREATMENTS OF AUTISM SPECTRUM DISORDER FOR THE PLAINTIFF BY ALL SUBORDINATE STAFF. (SEE ATTACHED DOL 3-4)
- (3) INJURY ACURED WHEN SECURITY SGT HIGGINS WAS REPORTED TO THAT BECAUSE OF THE PLAINTIFFS INCREDIBLY HIGH ANXIETY PRODUCED BY ASD 12 HIGH PRESSURE SOCIAL ENGAGEMENTS SHE WAS REPEATECOLY PRESSED INTO UNWANTED SEXUAL ENCOUNTERS BY A KNOWN PREDATORAL INMATE, JAMES TAYLOR AND WANTED HELP TO STOP IT. SGT HIGGINS STATED "I'LL BE BACK" AND LEFT, PRESUMABLY TO START ASSISTANCE OR HELP. UPON HIS RETURN HE STATED "THERE IS NOTHING I CAN DO, SHE WILL HAVE TO CALL PRA FROM THE DAY ROOM PHONES. THE PLAINTIFF EARLYONLY HAD TO REFUSE HOUSING TO GET AWAY FROM TAYLOR. (SEE ATTACHED AFFIDAVID OF MANUFACTURE)
- (4) THE CLASS-BASED INDIVIDUALLY DISCRIMINATORY ANIMUS IS, DANIEL MORTI DENIED OR ORDERED THE DENIAL OF ADA PROTECTIONS AND SERVICES, MODERN DIAGNOSIS OF THE PLAINTIFF BECAUSE SHE IS QUALIFIED FOR AND PROTECTED AS A MEMBER OF THE ADA PROTECTED CLASS OF NEUROLOGICALLY DISABLED AND COMMUNICATION DEFICIENT INMATES WITH ASD AND THE NEGLIGED SERVICES AND COMMUNICATION DEFICIENT INMATES WITH ASD AND THE NEGLIGED SERVICES HE FEARED WOULD BE PERCEIVED BY OTHER INMATES AS PREFERENTIAL - AND THEREFOR DESIRABLE - WHICH WOULD BE DETRIMENTAL TO HIS GOAL.

POSITIVE FACTS IN SUPPORT OF CLAIMS 4 & 5

- 5) ON JUNE 5th 2022 DANIEL MONTI ORDERED PLACEMENT TO DOUBLE CELL WACHTER AFTER HE WAS ORDERED SINGLE CELLED BY AUTHORITY ABOVE DANIEL MONTI: A SERVICE DANIEL MONTI HAS DENIED THE PLAINTIFF AND ON JUNE 5th SEVERAL OTHER INMATES THAT WERE SINGLE CELLED FOR VARIOUS REASONS. (SEE ATTACHED DOC 12, 23, 24)
- 6) DANIEL MONTI HAS PURPOSELY DIVERTED INCREDIBLE AMOUNTS OF FUNDS FROM ALL INMATE BENEFIT BUDGETS AND USED THESE FUNDS TO PURCHASE ADDITIONAL EQUIPMENT FOR STAFF COLLIAGES AND APPOINTMENTS FOR HIS PROMOTION SUCH AS SHUTTING OFF THE HOT WATER SUPPLY TO THE INMATE CELLS EVERY NIGHT AND TURNING IT BACK ON IN THE MORNING, STOPPING ALL CLOTHING DISTRIBUTION TO INMATES FROM THE CLOTHING DEPARTMENTS, DEPLETING AVAILABLE COMMUNITY PURCHASE TO THE POINT THERE IS NO CLOTHES TO BY EITHER, NO CLEANING SUPPLIES, NO ART SUPPLIES, NO MAINTENANCE FOR INMATE PROBLEMS, ORDERED SPOILED OR CONTAMINATED FOOD SERVED TO INMATES INSTEAD OF DESTROYING IT, INCREDIBLE REDUCTIONS IN HEALTH CARE, ADA SERVICES, HE REMOVED ALL DUTIES FROM STAFF TO INMATES AND PLACED THEM ON INMATES. (SEE ATTACHED AFFIDAVIT MARL WACHTER)
- 7) IDUC SEES WACHTER'S ASD DIAGNOSIS AS UNDESIRABLE, EXPENSIVE AND INCONVENIENT AND DANIEL MONTI CONTINUED THESE DENIALS TO THE PLAINTIFF BECAUSE IF THEY DENIED WACHTER THEN SURELY THEY WOULD FAIL HIS DENIAL OF THE PLAINTIFF AND FURTHER HIS GOAL. (SEE ATTACHED DOC 23, 24)
- 8) THE INSTITUTION HAS FALSIFIED PRAA REPORTS TO PRAA AND PRAA INVESTIGATIONS REPORTED FOR SEXUAL ACTS AND RAPE IN ORDER TO ASSIST MONTI IN MAINTAINING A PERFECT RECORD. (SEE ATTACHED AFFIDAVIT MARL WACHTER)
- 9) THE INSTITUTION OR MONTI'S OWNERS DENIED PROTECTIONS AND SERVICES TO AN INMATE RAPE VICTIMS, SUBJECTED HER TO REPEATED THREATS AND ATTEMPTED ATTACKS AND WHEN SHE CALLED PRAA SHE WAS TRANSFERRED ON DISCIPLINARY CHARGES OF WEAPONIZING PRAA IN ORDER TO AFFECT HOUSING ASSIGNMENTS. (ID)
- 10) THE PLAINTIFF'S SYMPTOMS ARE SIMILAR AND MORE SEVERE THAN WACHTER'S AND SYMPTOMS AND THE PLAINTIFF VULNERABILITY SCORE IS PURPOSELY KEPT BELOW A 12 SO THE PLAINTIFF CAN BE DOUBLE CELLED FOR STAFF COLLIAGES. (SEE ATTACHED AFFIDAVIT LEONARD BADAIBAST)
- 11) THE PLAINTIFF WAS PURPOSELY KEPT FROM MEDICAL TREATMENT OR SERVICES FOR ASD IN ORDER TO AVOID SIMILAR PROBLEMS FIED WITH WACHTER'S ASD SERVICES AND PROGRAMS.
- 12) THESE ASD SYMPTOMS HAVE BEEN OBSERVED BY STAFF AND INMATES Alike SUCH AS THE PLAINTIFFS NEED FOR STRICT ADHERANCE TO A RIGID SCHEDULE AND WHEN THE PLAINTIFF DOES NOT GET LOT OUT OF TIME FOR HER TRANSGENDER SHELTER SHE BECOMES DISRUPTIVE. (SEE ATTACHED DOC 20)
- 13) OTHER INMATES WITH NEUROLOGICAL DISABILITIES ARE ATTENDED SOME SERVICES SUCH AS LARRY O'NELEY HAS A CARE TO WALK WITH AND AN ADA WORKER FOR SUPPORT BUT INTERRUPTIVE SERVICES FOR THE PLAINTIFF ARE LOOKED AT AS CUMBERSOME AND UNDESIRABLE BY THE STAFF AND ARE CATEGORICALLY DENIED TO PLAINTIFF AND OTHERS.
- 14) DANIEL MONTI WAS PROMOTED IN JANUARY OF 2025

CLAIM 6 A VIOLATION OF THE FULL TORT OF NEGLECT AGAINST DANIEL MONTI, CHRISTINE VINEYARD, TARA DOEI, DR BEDNARZ, TERRY SHELLEY FOR FAILURE TO USE SUCH CARE AS A REASONABLY PRUDENT AND CAREFUL PERSON WOULD USE UNDER SIMILAR CIRCUMSTANCES THAT RESULTED IN THE PLAINTIFF BEING SUBJECTED TO NUMEROUS UNWANTED SEXUAL ENCOUNTERS WITH PREDATORY TEENAGES, PURPOSEFUL DENIAL OF NECESSARY MEDICAL DIAGNOSTICS AND TREATMENT, EXTREME PAIN AND SUFFERING FROM BEING FORCED TO BE PUNISHED WHEN THE PLAINTIFF COULDN'T PROCESS INCOMING AND UNWANTED COMMUNICATIONS CAUSING EXTREME ANXIETY AND DISCONTENT, AS WELL AS BEING SUBJECTED TO MALPRACTICE. (SEE ATTACHED DOC 6-8)

CLAIM 7 A VIOLATION OF THE FULL TORT OF ABUSE OF PROCESS BY DANIEL MONTI, CHRISTINE VINEYARD, TARA DOEI AND TERRY SHELLEY AND DR BEDNARZ FOR PURPOSELY OMITTING USEFUL INFORMATION FOR CLASSIFICATION PURPOSES SUCH AS VULNERABILITY, DENYING ACCESS TO DIAGNOSTICS TO AVOID SERVICES, AND ON 01.11.11 DELIBERATELY DESIGNED TO MAKE ACCESS TO SERVICES IMPOSSIBLE FOR NEUROLOGICALLY DISABLED AND COMMUNICATIONALLY CHALLENGED PLAINTIFF. (SEE ATTACHED DOC 6-8, BADELHONST, WINTER AFFIDAVIT)

CLAIM 8 A VIOLATION OF THE FULL TORT OF INTENTIONAL INFLECTION OF MENTAL OR EMOTIONAL DISTRESS "OUTRAGE". AGAINST DANIEL MONTI, CHRISTINE VINEYARD, TARA DOEI, TERRY SHELLEY AND DR BEDNARZ FOR THE OUTRAGEOUS CONDUCT OF DELIBERATELY AND MALICIOUSLY DENYING THE PLAINTIFF SERVICES AND PROTECTIONS FOR ASD THAT WOULD HAVE LIMITED OR PREVENTED REPEATED UNWANTED SEXUAL ENCOUNTERS, PSYCHOLOGICAL KNOWING APPROACHING PTSD, AND FEELINGS OF COMPLETE ABANDONMENT BY PEOPLE CHARGED WITH RESPONSIBILITIES TO HELP THE PLAINTIFF. BEHAVIOR SO RECKLESS AND DANGEROUS IT APPEARS THE DEFENDANTS DON'T CONSIDER THE PLAINTIFF TO BE PART OF THE HUMAN RACE AND NOT WORTHY OF HELP OR SERVICES, AND HAVE INFLECTED LIFE LONG PTSD SYMPTOMS ON THE PLAINTIFF FOR THE PEDESTRIAN DESIRES OF ONE PERSON'S DESIRE FOR ADVANCEMENT.

(SEE ATTACHED EXHIBITS AND AFFIDAVITS)
IN THEIR TOTALITY OF EFFECT.

FACTS: PLAINTIFF'S ADA QUALIFICATIONS

SECTION C OF THE QUALIFICATIONS FOR ADA PROTECTIONS READS: BEING REGARDED AS HAVING SUCH AN IMPAIRMENT (AS DESCRIBED IN PARAGRAPH (3)).

PARAGRAPH 3 STATES, AN INDIVIDUAL MEETS THE REQUIREMENTS OF "BEING REGARDED AS HAVING SUCH AN IMPAIRMENT" IF THE INDIVIDUAL ESTABLISHES THAT SHE HAS BEEN SUBJECTED TO AN ACTION PROHIBITED UNDER THIS CHAPTER BECAUSE OF AN ACTUAL OR PERCEIVED PHYSICAL OR MENTAL IMPAIRMENT WHETHER OR NOT THE IMPAIRMENT LIMITS OR IS PERCEIVED TO LIMIT A MAJOR LIFE ACTIVITY.

PRIOR TO THE PLAINTIFF'S 7-10-24 TELE-PSYCH APPOINTMENT, SEVERAL REQUESTS HAVE BEEN MADE AND GRIEVANCES FILED FOR ACCESS TO PSYCHIATRIC SCREENING AND DIAGNOSTIC SERVICES AFFORDED TO OTHER INMATES FOR AUTISM SPECTRUM DISORDER FOLLOWING STAFF AND INMATE OBSERVATIONS OF PLAINTIFF'S OBVIOUS BEHAVIOR ISSUES AND DIFFICULTIES WITH COMMUNICATING AND SOCIAL INTERACTIONS. (ATTACHED DOC 1-5, 10-11 BOXED)

AT THE APPOINTMENT DR. BEDNARZ RESPONDED TO THIS REQUEST WITH "I HAVE DISCUSSED THIS WITH THE PSYCHIATRY BOARD AND WE WILL NOT OFFER ANY SCREENING OR DIAGNOSTICS FOR AUTISM SPECTRUM DISORDER ANY MORE." (ATTACHED DOC 4 UNDELINED SENTENCE "DR. BEDNARZ DID NOT PROVIDE A DIAGNOSIS, OR RULE OUT DIAGNOSIS OF AUTISM.")

THE FORMER WARDEN, DANIEL MONTI, AND THE CURRENT WARDEN ISSUED AND/OR LET STAND ADMINISTRATIVE DIRECTIVE 04.01.111 "ADA ACCOMMODATIONS". THIS AD PURPORTS TO LIMITS OR ELIMINATES OTHERWISE QUALIFIED INMATES WITH AUTISM, FROM INCLUDING THE PLAINTIFF, FROM APPLYING FOR APPROPRIATE ADA SERVICES THROUGH THE ADA COORDINATOR BY EXPLOITING TECHNOLOGICAL AND COMMUNICATION SYMPTOMS. THIS AD REMOVES SUBSTANTIVE DUTIES PRESCRIBED TO THE ADA COORDINATION CREATED BY ~~THE~~ TITLE II, "THE PUBLIC ENTITIES ACT" OF THE ADA.

TITLE II STATES, "NO QUALIFIED INDIVIDUAL WITH A DISABILITY SHALL, BY REASON OF SUCH DISABILITY, BE EXCLUDED FROM PARTICIPATION IN OR BE DENIED THE BENEFITS OF THE SERVICES, PROGRAMS, OR ACTIVITIES OF A PUBLIC ENTITY, OR BE SUBJECTED TO DISCRIMINATION BY ANY SUCH ENTITY."

BECAUSE OF COMMUNICATION CHALLENGES STEMMING FROM PLAINTIFFS AUTISM SYMPTOMS, THE PLAINTIFF CAN NOT BEAR THE BURDEN PLACED ON HER BY THE AD; THEREFORE, THE PLAINTIFF NEEDS THE ASSISTANCE OF THE ADA COORDINATOR WHO UNDERSTANDS ADA SERVICES FOR AUTISM SYMPTOMS AS OPPOSED TO THE ASSISTANCE OF THE HOUSE COUNSELOR AS DESCRIBED IN BUREAU MEMO - 0724-426 E. THIS ASSISTANCE FROM THE ADA COORDINATOR IS THE DUTY SUBSTANTIALLY CREATED BY TITLE II OF THE ADA. THIS ASSISTANCE CAN INSURE THE REDUCTION OR ELIMINATION OF THIS DISCRIMINATION OF THE PLAINTIFF AS INTENDED BY THE UNITED STATES CONGRESS.

THIS AFORE MENTIONED TREATMENT QUALIFIED NOT ONLY AS DISCRIMINATORY BUT ALSO A CLASS-BASED INVALID DISCRIMINATORY ANIMUS DIRECTED AT THE PLAINTIFF FOR BEING REGARDED AS HAVING AUTISM AND BEING IN NEED OF HELP AND SERVICES.

AS EVIDENCE OF THE SEVERITY OF THE ANIMUS, THE PLAINTIFF OFFERS THE FOLLOWING EVIDENCE: ENRIKE WACHTER WAS DIAGNOSED BY DR BELL, AN EXPERT IN AUTISM WHO LATER LEFT OR WAS REMOVED FROM HER POSITION AT THE INSTITUTION DUE TO THIS ANIMUS, IN 2020 AND HAS BEEN DENIED SERVICES FOR FIVE YEARS, SAVE FOR HIS SINGLE CELL SERVICE. (ATTACHED DOC 14-20 UNDERLINED.)

WACHTER WAS TOLD BY DR BELL THAT SHE ABSOLUTELY REVIEWED WACHTER'S CHILDHOOD RECORDS AND EDUCATION VERBALLY WITH HIM AND MADE A PROPER DIAGNOSIS. THE ADMINISTRATION IS ATTEMPTING TO MISDIAGNOS WACHTER TO AVOID PROVIDING HIM WITH DIAGNOSTIC SERVICES AND TREATMENT VIA A MULTI-DISCIPLINARY TEAM THAT IS NOT REQUIRED OR PERMITTED FOR THE DIAGNOSIS. DR BELL ADVISED WACHTER NOT SIGN THE RELEASE FOR RECORDS AND PREPARE FOR LEGAL ACTION AND THE LEGAL PURSUIT OF PROTECTION (SEE PENDING CASE 3:23-CV-02428-GCS) (SD IL)

DR. BELL ALSO ADVISED WACHTER THAT 1000'S OF PAGES OF MEDICAL RECORDS AND EDUCATIONAL RECORDS WERE NOT REQUIRED AND COULD NOT BE REQUIRED TO DIAGNOS BECAUSE NOT EVERYONE HAS ACCESS TO THOSE RECORDS FOR VARIOUS REASONS AND THAT WOULD EXCLUDE THEM FROM EVER RECEIVING A DIAGNOSIS.

FURTHERMORE, WARDEN DANIEL MONTI TRIED TO ORDER WACHTER DOUBLE Celled WHEN THE SINGLE CELL SERVICE HAD BEEN ORDERED OUTSIDE OF HIS AUTHORITY, RESULTING IN WACHTER HAVING TO GO ON A 9-DAY HUNGER STRIKE WHICH WAS NEVER REPORTED TO OVERSIGHT IN SPRINGFIELD - JUST TO KEEP HIMSELF SAFE. (ATTACHED DOC 12,23,24 GENERAL.)

UNDER PARAGRAPH 3 OF THE ADA QUALIFICATIONS OF BEING REGARDED AS HAVING, THE PLAINTIFF HAS BEEN REGARDED AS HAVING AUTISM AND AUTISM SPECTRUM DISORDER SYMPTOMS, BEEN SUBJECTED TO DISCRIMINATORY DENIAL OF PSYCHIATRIC SERVICES AND

ACCESS TO ASSOCIATED ADA SERVICES FOR AUTISM WHICH IS PROHIBITED BY THE ADA AND THE PLAINTIFF IS NOW QUALIFIED FOR ADA PROTECTIONS AND THE RECEIPT OF NECESSARY SERVICES FOR AUTISM SPECTRUM DISORDER SYMPTOMS.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

*ALL COMPENSATORY, NOMINAL, AND PUNITIVE DAMAGES AVAILABLE
AND APPROPRIATE INJUNCTIVE RELIEF IF AVAILABLE.*

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed MARCH 2025
on: (date)


Signature of Plaintiff

9330 SHATTUCK RD
Street Address

LEONARD BADENHORST
Printed Name

CENTRALIA, FL 32801
City, State, Zip

M16573
Prisoner Register Number

Signature of Attorney (if any)

*THIS COMPLAINT WAS FILED AND ORGANIZED AND COMPLETED BY
SAMANTHA'S FRIEND MARC WACHTER FREE OF CHARGE UNDER THE
1ST AMEND. RIGHT TO ASSOCIATE A PUBLIC POLITICAL OPION.*
Rev. 10/3/19

Assigned Grievance #/Institution:

K7-0724-726E

Housing Unit:

E3-A-141 Bed #:

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

7/12/24

Date: 7/19/24	Offender (please print): L. Badenhorst	ID #: M16573	Race (optional): N/A
Present Facility: Centralia C.C.		Facility where grievance issue occurred: Centralia C.C.	

Nature of grievance:

- ☐ Personal Property
 ☐ Mail Handling
 ☒ Medical Treatment
 ☒ ADA Disability Accommodation
☒ Staff Conduct
 ☐ Dietary
 ☐ HIPAA
 ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility
 ☐ Other (specify): _____
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I Have sent in grievances in Abundance As of 7/19/24 stating About my Autistic Symptoms. Yet I am steadily denied A screening, diagnostics, treatment & services, As well A disability Accommoda-
then the guards knowing I Have these symptoms,
And tell me they can see it from me. Yet when Dr Bell was told last time I spoke with her, she

☒ Continued on reverse

Relief Requested:

I demand to Be Screened By Dr Bell, Not Bed Narz then get my Diagnostics & All of the ADA Disability Accommoda-
services & treatments that go with it. I Also Demand that staff quit Harassing, Victmizing and Bullying me. With out Retaliation.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Offender's Signature

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Assigned Grievance #/Institution: _____

Housing Unit: E3-A-14

Bed #: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec: _____

2nd Lvl rec: _____

did Nothing About it Even though She is A professional in the Autistic Field, Sargent Jordan (the male) said He Recognized That I Have Autism Right A Way, Yet I Keep Receiving tickets & discipline Based on My Physical Disability. That And you said in my last grievance I have Been Seeing Dr. Bell. I Know for a 100% Fact that I have Not Seen Dr. Bell in over 6 months I have been seeing Dr. Bednarz.

The Point is I can't Control My Physical Disability of Autism. & I have Been saying on & off for years that I Need to Be Screened & Diagnosed for Autism, & that the meds I have Been Put on Do Not & Will Not Cure something that is uncurable. Showing Deliberate indifference to the fact that Everyone Else can see I have Autism & melt Downs. But still I get punished for Being Un Able to Control my Physical Disability. And because the Psychiatrists Refused All this time to screen, Diagnose, And Offer me treatment and services.

All of these things Have Been Cruel & Unusual punishment According to my 8th Amendment Constitution Rights which is Being Violated over & over Again, that & the Fact that They Do Not Like that I Id As Female

Sincerely,
B. Smith

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE

Grievance Officer's Report

Date Received: 07/12/2024

Date of Review: 12/20/2024

Grievance #: K7-0724-726E

Individual in
Custody Name: Badenhorst, Leonard

ID#: M16573

Nature of Grievance:

Badenhorst claims to have sent multiple grievances regarding the need for Autistic screening. Badenhorst claims to be getting denied treatment, screening, diagnostics, and services, as well as, disability accommodations. Badenhorst claims multiple staff know this and continue to mistreat her.

Facts Reviewed:

Badenhorst M16573 filed a grievance dated 7/9/24 regarding medical/ mental health treatment and ADA accommodations and marked as an emergency. The grievance was received on 7/11/24 by the Grievance Office and forwarded to the Warden. The grievance was returned to the Grievance Office on 7/12/24 deemed as an emergency. The grievance was forwarded to HCU and ADA Coordinator for review.

Relief requested is: "I demand to be screened by Dr Bell, not Bednarz Then get my diagnostics All of the ADA Disability Accommodations Services & treatments that go with it. I also Demand that Staff quit Harrassing, victimizing and Bullying me. Without Retaliation."

Cont'd.

RECEIVED

JAN 03 2025

ADMINISTRATIVE
REVIEW BOARD

Recommendation:

Based upon a total review of all available information, this Grievance Officer recommends the grievance be denied. Individual has not been diagnosed with Autism and has not submitted a formal request to the ADA Coordinator requesting the specific accommodations that are being requested. Individual sees telepsychiatry regularly and may speak with them about request. Medical treatment is at the discretion of Wexford Health Sources and their providers and outside jurisdiction of this facility.

Daniel Morgan, CCII

Daniel Morgan

Digitally signed by Daniel Morgan
Date: 2024.12.20 11:45:39 -06'00'

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Individual in Custody's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received:

☒ I concur☐ I do not concur☐ Remand

Action Taken:

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE (Continued)

ADA Coordinator response: ADA coordinator reviewed grievance K7-0724-726E. Individual Badenhorst is requesting to be screened for Autism and to be provided with all ADA disability accommodations and services that go with Autism. Individual Badenhorst was seen by psychiatrist, Dr. Bednarz, on 7/10/24 in which she discussed this request. Dr. Bednarz did not provide a diagnosis, or rule out diagnosis of Autism. Individual Badenhorst does not identify what accommodation she is seeking. Per AD04.01.111 ADA Accommodations, individual may submit a written request to the ADA coordinator identifying what accommodation they are requesting. Per individual in custody orientation manual: Requests for an accommodation shall be made in writing on the "Individuals in Custody Request" form (DOC 0286) and directed to the Facility ADA Coordinator. If you have limited writing or language skills, you may request assistance from your counselor in completing the Request form. When completing an individual in custody Request for an ADA accommodation, identify:

1. The program, activity, or service being offered by your facility,
2. How your disability limits your ability to use the service, activity, or program in the same way that other individuals in custody would be able use it, and
3. What assistance you would like your facility to give you that will help you overcome your limitations and make it possible for you to use the service, activity, or program.

The Department will determine whether an accommodation is appropriate on a case-by-case basis.

HCUA response: The HCUA agrees with the ADA Coordinator's response. Current Mental Health Diagnoses does not include Autism Spectrum Disorder. This can be discussed upon evaluation with the psychiatrist. The current complaint does not warrant an expedited referral. This can be further evaluated by the Mental Health Authority, who is included on this email.

MHA response: Individual in Custody Badenhorst is regularly seen by telepsychiatry. At this time no recommendation has been made by the psychiatrist for an "Autism Screening." Badenhorst currently does not have a diagnosis of Autism.

Grievance Officer response: Individual states in the grievance that multiple grievances have been written requesting assistance with this process. DR 504 states the grievance process may not be utilized as a request for services. These requests need to be submitted to the proper departments and only file a grievance if that department does not resolve the issue for the individual. ADA Coordinator states individual has not specifically requested what ADA accommodations individual is seeking in the grievance. Individual has not submitted a request to the ADA Coordinator in request form. HCUA and MHA state individual does not currently have a Mental Health Diagnosis of Autism. At this time no recommendation has been made by Psychiatrist for an "Autism Screening". Individual is seen regularly by telepsychiatry and may discuss this request during the next visit. Medical treatment is at the discretion of Wexford Health Sources and their Medical Providers and is outside the jurisdiction of this facility.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Individual in
Custody Name: BADENHORST LEONARD M16573
Last Name First Name MI ID#

Facility: CENTRALIA

☒ Grievance: Facility Grievance # (if applicable) K7-0724-726E Dated: 7/9/2024 or ☐ Correspondence: Dated: _____

Received: 1/3/2025 Regarding: MEDICAL: Grieves needing to see the doctor for an Autistic screening
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Individual in Custody's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Individual in Custody's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the individual in custody grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 7/22/2024
Date
- ☒ No justification provided for additional consideration.

Other (specify): This issue was addressed in grievance #K7-0624-656E.

Completed by: Rebecca Riggs
Print Name

Rebecca Riggs
Signature

1/29/2025
Date

Consistent with Departmental Policy, medical services are afforded to individuals in custody and is considered a right and not a privilege. Any complaints regarding medical services will be reviewed by the Quality Improvement Committee.

Centralia Correctional Center Health Care Unit Policy and Procedures Patient Rights

1. Purpose

The purpose is to provide staff and individuals in custody with information regarding patient rights.

2. Policy

All individuals in custody rights shall be implemented with courtesy and respect to individuals and without regards for their social, ethnic, cultural, and religious background.

3. Procedure

- a. A copy of the patient rights in both English and Spanish shall be posted in the Health Care Unit.
- b. All Health Care Unit Staff shall read, as part of their orientation, the patient rights.
- c. The Patient Medical Bill of Rights is as listed.

As a Patient

- You have the right to be treated with consideration and dignity.
- You have the right to privacy in your treatment.
- You have the right to be fully informed regarding access to all medical services available to you.
- You have the right to receive information necessary to give informed consent prior to treatment, examination of procedure, except for emergency conditions. Information you receive should include specific procedures and/or treatment, risk involved and possible recovery. If there are changes of information or care, you have the right to receive this information. You must understand that all treatment is guided by the physician's decisions. Demanding a different treatment, medication and/or method of treatment which is contrary to the physician's orders is not a right.
- You have the right to confidential treatment of your personal medical record. Information from these sources will not be released without your prior consent, unless otherwise provided by law or Administrative Regulations which have the force and effort of law.
- You have the right to voice complaints regarding Health Care or service and to be informed of the procedures for processing such complaints.
- You have the right to refuse treatment to the extent permitted by law and to be told what can happen as a result of refusing treatment.

- You have the right to expect that you will be given the name of any person providing treatment when you ask for it.
- You have the right to know what rules and regulations must be followed when you receive health care.
- You have the right to expect the Illinois Department of Corrections will be sensitive to your needs and respond in a reasonable time and manner to any complaint you may have.

The responsibilities as a patient are as listed:

- The responsibility to keep scheduled appointments.
- The responsibility to follow all treatment instructions.
- The responsibility to provide accurate information about your medical history.
- The responsibility to show consideration and respect for other patients and for staff by following the rules about noise and conduct.

E. Americans with Disabilities Accommodations

It is the policy of the Illinois Department of Corrections (Department) to comply with the provisions of the ADA Amendments Act of 2008. Programs, activities, and services of the Department shall not be denied to qualified individuals in custody based upon disability.

Requests for ADA Accommodations

Requests for an accommodation shall be made in writing on the "Individuals in Custody Request" form (DOC 0286) and directed to the Facility ADA Coordinator. If you have limited writing or language skills, you may request assistance from your counselor in completing the Request form. When completing an individual in custody Request for an ADA accommodation, identify:

1. The program, activity, or service being offered by your facility,
2. How your disability limits your ability to use the service, activity, or program in the same way that other individuals in custody would be able use it, and
3. What assistance you would like your facility to give you that will help you overcome your limitations and make it possible for you to use the service, activity, or program.

The Department will determine whether an accommodation is appropriate on a case-by-case basis.

Deafness and Hard of Hearing

Communication Plan: You may make a request for a "communications plan" for effective communications if you are deaf or hard of hearing. The Facility ADA Coordinator will work

with you to develop a plan. Accommodations may include written material, notification of daily activities, sign language interpretation services, hearing aids, amplifying/assistive listening technology, teletypewriter (TTY) phone usage, closed captioned televisions, and other auxiliary aids and services.

Medical: All requests of a medical nature such as hearing aids will require a medical examination.

TTY Equipment: Individuals in custody using TTY equipment will be allowed (60 mins) three times the amount of time allowed for regular phone calls and must be submitted and scheduled in advance to ensure access to equipment. Like regular phone calls, TTY calls are subject to monitoring except for scheduled legal calls.

Video Telephone or VRS: All individuals in custody requests for video telephone use must be submitted in writing. Use of the video telephone is a privilege like the privilege of regular phones. Individuals in custody who receive discipline may have these privileges temporarily restricted. Video telephone usage is subject to monitoring except for scheduled legal calls.

Sign Language: If sign language is your primary language, tell your counselor and request that the Facility ADA Coordinator be notified. You may request a sign language interpreter for interactions that are complex, lengthy, or involve legal due process. Significant interactions that may require a sign interpreter include introduction to facility rules, counseling sessions, educational and vocational programs, medical & mental health services, religious and other group setting services, due process procedures including disciplinary hearings and prisoner review board hearings, and field services' pre-release instructions.

The following are the Agency Designated Coordinators for ADA issues:

Legal Services
100 W. Randolph Street, Suite 4-200
Chicago, IL 60601
Ph.: 312-814-3017

Administrator/Affirmative Action
100 W. Randolph Street, Suite 4-200
Chicago, IL 60601
Ph.: 312-814-3790

Coordinator/Office of Offender Issues
1301 Concordia Court
PO Box 19277
Springfield, IL 62794-9277
Ph.: 217-522-2666 ext. 5502

IDOC ADA Coordinator
1301 Concordia court
PO Box 19277
Springfield, IL 62794-9277
Ph.: 217-558-2200

F. HIV and AIDS Counseling and Testing

Upon arrival at Centralia Correctional Center from a Reception and Classification center all individuals in custody shall be offered testing for HIV and related counseling by medical personnel. These services shall also be offered to individuals in custody prior to transfer to a transitional center or prior to release, discharge, or parole according to Public Act 94-0629.

AIDS is an illness caused by the virus HIV (human immunodeficiency virus). This virus attacks cells of the immune system and impairs the bodies' natural ability to fight infection.

How do you get HIV?

HIV/Aids is spread from one person to another through contact with the infected person's blood. This can happen by:

- Sexual contact with an infected person (anal, oral, vaginal)
- Sharing needles ("works") for drug use or tattooing
- From an infected mother to her baby

A person can look healthy, be infected, and infect others without knowing.

HIV is not spread by casual contact such as:

- Shaking hands Coughing,
- sneezing or spitting
- Toilet seats, showers, or bathtubs
- Food prepared by an infected person
- Sharing food or dishes
- Mosquitoes

If you have shared "works" or had sex with someone who may be infected, these are the symptoms to look for:

- Swollen glands in neck, underarm or groin
- White spots in mouth
- Diarrhea
- Rapid weight loss
- Feeling tired all the time
- Fever
- Night sweats

If these symptoms persist for more than a week, report them to health care.

G. Mental Health

Emergency mental health services are available 24 hours a day, 7 days a week to any individuals in custody at Centralia Correctional Center who is experiencing a mental health crisis and can be accessed by asking any staff member to speak with a member of the Crisis Intervention Team. The CIT consists of a group of individuals specially trained to assess

Case 3:23-cv-02428-GCS Document 52-1188 Filed 11/27/24 Page 15 of 33 Page ID #889	
Inmate Id: M16573	Ret Form Ind: [v]
Name: BADENHORST, LEONARD	Modify Ind: [v]
Chair Code: BERI [v]	Deny Ind: [v]
Grv Type: L [v]	Favorable Ind: [v]
Grv Code: MEDICAL [v]	Deferred Ind: [v]
Receive Date: 07/11/2024	Moot Ind: [v]
Hearing Date: 00/00/0000	Resolved Ind: [v]
Mailing Date: 00/00/0000	Grievance Number: 7-624-656E
Grv Loc: CENTRALIA CC [v]	Incident Number: [v]
Hearing Loc: CENTRALIA CC [v]	Incident Date: 00/00/0000
	Incident Inst: [v]
	Date Received: 07/22/2024

Comments: EGRV# K7-0624-656E & GRV OTD 6/25/24, GRVS NEEDING SERVICES FOR AUTISM ISSUES DUE TO CAUSING ISSUES WITH STAFF; HAS REQUESTED SERVICES SEVERAL TIMES BUT HASN'T RECEIVED ANY TREATMENT. REQUESTS TO SEE DR. BELL TO DIAGNOSE GRIEVANT.

Get to
Mar

J.B. Pritzker
GovernorLatoya Hughes
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: LEONARD BADENHORST

7/22/24

Date

ID#: M16573

Facility: CENTRALIA

This is in response to your grievance received on 7/11/24. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 6/25/24 Grievance Number: K7-0624-656E Griev Loc: CENTRALIA
☒ Medical /ADA: Grieves needing to be screened and diagnosed for Autism; claims Autism may be a contributing factor in behavior

☐ Dietary

☐ Personal Property

☐ Mailroom/Publications

☐ Staff Conduct

☐ Commissary / Trust Fund

☐ Conditions (cell conditions, cleaning supplies, etc.)

☐ Disciplinary Report: Dated: Incident #

☐ Other

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed

☐ Denied in accordance with DR504F, this is an administrative decision.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Other

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.

☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

FOR THE BOARD:

Rebecca Riggs
Administrative Review Board

CONCURRED:

Latoya Hughes
Acting Director

CC: Warden, CENTRALIA Correctional Center
LEONARD BADENHORST ID# M16573

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

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PG 11

Illinois Department of Corrections
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report

Date Received: 04/11/2022 Date of Review: 05/23/2022 Grievance # (format: E-22-4-05) E-22-4-05
Offender: Wachter, Marc ID#: M12656

Nature of Grievance:
Medical Treatment-Mental Health

Facts Reviewed:
Wachter M12656 filed a grievance dated 4-11-22 regarding Mental Health and marked it as an emergency. The grievance was received on 4-11-22 by the Grievance Office and forwarded to the Warden. The grievance was returned to the Grievance Office on 4-12-22 deemed as an emergency. The grievance was forwarded to Mental Health to address the issue. Wachter claims that a request to be seen by Mental Health on or around 3-15 and he was not seen. Wachter claims that he is not being adequately treated for his Autism Spectrum Disorder.

Relief requested is: "Regular Treatment commensurate of outside standards must begin immediately by Law And This egregious Discrimination Stopped immediately. I need help now today. No more excuses. I Am imploding And being left to self distract by Discrimination of A Disability."

Per written response from MHP DuBois: IIC alleges he hasn't been seen since Nov/Dec. After chart review he was seen by an MHP 11/2-11/9 CW, 11/13, 12/30, 1/28, 2/14 (twice by 2 different MHP's), 2/18-2/28 CW, %, and 4/20. He was seen by the psychiatrist on 11/22, 1/12, 2/8, 2/20, 2/28, 3/31, 3/22, and 4/11. Wachter has been spoken to many times about the services he is requesting due to his Autism Spectrum Disorder diagnosis and he refused to sign a release of information for old records. His case has been stalled with Wedford and patient has demonstrated that his level of functioning is appropriate. Wachter has a single cell, and slow eating permit.

con't

Recommendation:
Based upon a total review of all available information, this Grievance Officer recommends that the grievance be partially upheld. Wachter has been seen by Mental Health on multiple occasions and is continuing to be followed. Wachter has requested services for his Autism Spectrum Disorder diagnosis, but has refused to sign a release of information for old records. If Wachter continues to have concerns, he may submit a written request to be seen through Nurse Sick Call.

Jeffrey Strubhart CCR Jeffrey Strubhart Digitally signed by Jeffrey Strubhart
Date: 2022.05.23 12:45:23 -0500
Printed on Recycled Paper

Chief Administrative Officer's Response

Date Received: _____ ☒ I concur ☐ I do not concur ☐ Remand
Action Taken: _____

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand the appeal must be filed within 30 days after the date of the Chief Administrative Officer's decision, as required by the Administrative Review Board, P.O. Box 10277 Springfield, IL 62704-0277. (Attach a complete copy of the original grievance, including the administrator's response if applicable, and any pertinent documents.)

Offender's Signature: _____ Date: _____

Distribution: Master File Clerk

Page 1

DOC 0047 (Rev. 3/2016)

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Wachter M12656

grievance records - Centralis CC

CENT 110

P6 12

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Per written response from the HCUA: In regards to the medical record concerns: We have no documented denial from Wexford Collegial for medications or services for ASD for Offender Wachter. Also, of note, Dr. Bell did not see Offender Wachter until July of 2020. All medical record requests pending from Mr. Wachter do not pertain to a request he has described in the grievance, and all previous requests have been answered.

Inmate Wachter M12656 is being evaluated by Mental Health. Currently in the process of scheduling a multidisciplinary treatment team meeting for further diagnostic clarification. For the purposes of gathering information treatment team requests offender identify school attended as a child and any family members that could provide information on offender's developmental history and authorize a release of information to obtain relevant information from these sources. Mental health professional will follow up with offender Wachter to discuss releases of information. Medical does not have any requests for records pending for that pertain to this grievance.

ILLINOIS DEPARTMENT OF CORRECTIONS

Date: July 15, 2020

Psychiatric Progress Note

Facility Centralia Correctional Center

Offender Name:

Last, First

WATCHTER, MARC

ID Number: M12656

Start Time:

~~Exhibit 4A~~
Exhibit 4AHomicidal ideation: ☒ None ☐ Yes, details:Memory: Short-term ☒ Intact ☐ Long-term ☒ Intact ☐Estimated Intelligence: ☒ Above average ☐ Average ☐ Below averageInsight: ☐ Adequate ☐ Poor ☐ "I AM HAPPY THAT I KNOW NOW I AM ASPERGERS"Judgment: ☐ Adequate ☐ Poor ☐ "I WANT TO IMPROVE"Motivation: ☐ Good ☒ Adequate ☐ Poor ☐Historian: ☒ Reliable ☐ Poor ☐ Inconsistent ☐ Unable to assess at this time

Diagnoses

Psychiatric Diagnosis: AUTISM SPECTRUM DISORDER, PTSD, UNSPECIFIED ANXIETY D/O

Medical Diagnosis: NONE REPORTED

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved ☐ Remained same ☒ Worsened ☐Modified Global Assessment 65 to 79Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes ☐ No ☒

Narrative Summary

43 YEAROLD WHITE MALE WITH SAVNT SKILLS IN MATH/PHYSICS WHO HAS RECENTLY BEEN TOLS HE HAS ASD. PATIENT DESCRIBES SENSORY MOTOR INTEGRATION DEFICIT, POOR PRAGMATICS OF LANGUAGE, DIFFICULTY TRANSITIONING, POOR SOCIALIZATION, ANXIETY WHEN MOVED OUT OF HIS ROUTINE, POOR EYE CONTACT, AND LACK OF EMOTIONAL RECIPROCITY. HE IS AWARE AND WANTS HELP WITH HIS DEFICITS. DISCUSSED WITH PATIENT THE NEED FOR PSYCHOLOGICAL TESTING FOR CONFIRMATION OF ASD, WITH SPEECH/LANGUAGE EVALUATION, OT/PT EVALUATION AND POSSIBLY A REFERRAL FOR ABA THERAPY, PATIENT STATED HE WELCOMES HELP BUT JUST KNOW THAT HE IS UNABLE TO LEAVE THE CELL SPACE WITHOUT A COMPLETE BREAKDOWN/MELTDOWN "I CAN NOT COME OUT OF THE CELL". "I DO NOT GO OUT OF THE INSTITUTION". I INFORMED PATIENT I WILL DISCUSS WITH MEDICAL DIRECTOR / STAFF ABOUT POSSIBILITIES. HE STATED HE UNDERSTOOD AND AGREED WITH THE PLAN.

Psychiatric PLAN

Psychotropic Medication: ☐ Started (DOC 0541) ☐ Discontinued ☐ Changed☒ Continue Current Medication☐ Medication specifics and rationale:

PROZAC 60MG PO Q AM

☐ AIMS completed today (if necessary) (DOC 0336) ☐ AIMS to be done by RN (if necessary)

FILED

JAN 31 2023

Circuit Clerk, Circuit Court
Fourth Judicial Circuit, Clinton County, Illinois

Distribution Offender Medical File

Printed on Recycled Paper
Page 3 of 4

DOC 0502 (Rev. 1/2019)

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~~Case 3:25-cv-00382-SPM Document 1 Filed 03/24/25 Page 33 of 64 Page ID #33~~

ILLINOIS DEPARTMENT OF CORRECTIONS

Date: July 15, 2020

Psychiatric Progress Note

4B

Facility Centralia Correctional Center

Offender Name:

Last, First WATCHTER, MARC ID Number: M12656 Start Time: _____

☐ Labs ☐ CMP ☐ BMP ☐ CBC+Plts ☐ Thyroid Profile ☐ Lithium ☐ Carbamazepine
☐ VPA ☐ Lipid Profile ☐ A1C ☐ EKG ☐ Other: _____ ☐ Other: _____
☐ Abdominal circumference: _____ ☐ BMI _____ ☐ BP/P _____

☐ Fill in values and measurements on Metabolic Screening and Monitoring form (DOC 0532)☐ Needs medical referral for: _____☐ Needs MHP referral (Complete DOC 0387) for:
☐ Sleep hygiene ☐ Anger management ☐ Trauma history ☐ Psychometric testing
☒ Other: FULL BATTERY PSYCHOLOGICAL TESTING, SPEECH/LANGUAGE EVAL. OT/PT EVAL, REFER FOR ABA
☐ Crush/float all Psychotropics due to ☐ Hx of non-compliance ☐ Hx of hoarding medications ☐ Abuse Potential
☐ Other: _____☐ Offender has been given a copy of the Psychotropic Medication Information brochure.☐ I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with offender.☐ Offender's psychiatric condition has been stable on the same psychotropic medication(s) at the same dose for the past 60 days - may be seen max OP - 3 months, RTU - 2 months, Enforced - 1 month.☐ The offender has signed his/her Medication Consent Form.☐ Treatment plan update needed based on change of diagnosis, direction of treatment, etc. (DOC 0546)Designation: ☐ SMI ☐ Enforced Psychotropic to be continued (clinically necessary)☐ Other (identify): _____

Disposition (Level of Care)

☒ Outpatient Level of Care ☐ Residential Treatment Unit ☐ Inpatient ☐ Crisis
Next Appointment: 4 WEEKS

Evaluation completed by:

Bell

ELISA P BELL

Digitally signed by ELISA P BELL
Date: 2020.07.15 07:45:57 -05'00'

Psychiatrist

Print Name

Signature

Title

07/14/20

11:07:00 AM

Date

End Time

Plachiff Exhibit 26

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Orlans 7/15/20

ILLINOIS DEPARTMENT OF CORRECTIONS

Psychiatric Progress Note

Facility: Centralia Correctional Center

Offender Name:

Last, First

WATCHER, MARCID Number: M12656Date: Aug 3, 2020

Insight:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/>	
Judgment:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/>	
Motivation:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	
Historian:	<input checked="" type="checkbox"/> Reliable	<input type="checkbox"/> Poor	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unable to assess at this time

Diagnoses

Psychiatric Diagnosis: ASD (ASPERGERS) PTSD, UNSPECIFIED ANXIETY D/OMedical Diagnosis:

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved ☐ Remained same ☐ Worsened ☒Modified Global Assessment 60to 65Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes ☐ No ☒

Narrative Summary

DISCUSSED WITH PATIENT THE NEED FOR PSYCHOLOGICAL TESTING FULL BATTERY TO CONFIRM DIAGNOSIS AND REFERRAL FOR SP/LG TESTING FOR NONVERBAL IQ, AND OT/PT FOR SENSORY MOTOR DEFICITS AND POSSIBLY ABA THERAPY. DISCUSSED WITH PATIENT NOT INCREASING HIS PROZAC DUE TO PROBLEMS WITH AN INCREASED BEFORE GIVEN BY LAST PSYCHIATRIST. DISCUSSED HIS MEDICATION HISTORY GEODON (I WAS TOO SEDATE), RISPERDAL (I WIGGED OUT), THORAZINE (I WAS SPACEY). DISCUSSED WITH PATIENT ABILIFY MEDICATIONS IT INDICATIONS AND SIDE EFFECT PROFILE. WILL START LOW DOSE AND POSSIBLY CONSIDER RECHALLENGE OF BUSPAR IN THE FUTURE. PATIENT STATED HE UNDERSTOOD AND AGREED WITH THE PLAN.

Psychiatric PLAN

Psychotropic Medication: ☒ Started (DOC 0541) ☐ Discontinued ☐ Changed
☒ Continue Current Medication
☐ Medication specifics and rationale:

STARTED ABILIFY 2.5MG PO BID X 90 DAYS
PROZAC 60MG PO Q MS X 90 DAYS ** RENEW

☐ AIMS completed today (if necessary) (DOC 0336) ☐ AIMS to be done by RN (if necessary)

☒ Labs ☒ CMP ☐ BMP ☒ CBC+Plts ☒ Thyroid Profile ☐ Lithium ☐ Carbamazepine
☐ VPA ☒ Lipid Profile ☒ A1C ☐ EKG ☐ Other: Q 3 MTHS ☐ Other:
☒ Abdominal circumference: Q 6MTHD ☒ BMI Q 6 MTHS ☒ BP/P Q MTH

ILLINOIS DEPARTMENT OF CORRECTIONS

Psychiatric Progress Note

Date: July 15, 2020

Facility Centralia Correctional Center

Offender Name:

Last, First

WATCHTER, MARC

ID Number: M12656

Start Time: 10:32:00 AM

Allergies or Medication Sensitivities? ☐ No ☒ Yes If yes, then describe: ANTIPSYCHOTICS, HEAVY METALSScheduled Visit Type: Routine Follow Up ☐ Complex Follow Up Evaluation ☒Level of Care: Outpatient ☒ Residential Treatment Unit ☐ Inpatient ☐ Crisis ☐Type of Visit: Telepsychiatry ☒ Onsite Evaluation ☐ Other ☐ (identify):Has offender been on Crisis Watch since last psychiatric visit? Yes ☐ No ☐

If yes, explain:

Source of Information: (Check all that apply)

☒ Offender ☐ Mental Health Staff ☐ Medical Staff ☐ Mental Health Progress Notes

☐ Medical Progress Notes ☐ Mental Health Evaluation dated: _____

☐ Crisis Records ☐ Other (identify): _____

☒ Previous Psychiatric Progress Note

Subjective/Objective

MSR = 2033

48 YEAR OLD WHITE MALE WITH PSYCH DX ASD, PTSD AND UNSPECIFIED ANXIETY D/O. PATIENT CAME TO CLINIC APPOINTMENT WITH A NOTE BOOK OF QUESTIONS CONCERNING HIS PERSONAL ISSUES. HE REPORTS HYPERSENSITIVITY TO SOUNDS, NOT LIKING CERTAIN TEXTURES OF CLOTH (WEARS DOUBLE PANTS). NOT BEING ABLE TO LOOK ANYONE IN THE EYE, NO BEING ABLE TO SOCIALIZE OR BEING ABLE TO LEAVE HIS CELL. I LIKE ROUTINES AND I TAUGHT MYSELF CALCULUS AND PHYSICS. I AM A POOR SLEEPER MY ENTIRE LIFE. I HAVE TO TALK LOUD TO SOOTHE MYSELF AND READ YOUR LIPS TO UNDERSTAND WHAT YOU SAYING. I HAVE TO READ THINGS A DIFFERENT WAY, I EAT OK MY ROOMMATE AND I STAY OUT OF EACH OTHERS WAY. I HAVE NO PLANS TO HURT MYSELF OR ANYONE ELSE. I DONT HEAR VOICES. PATIENT REPORTS HE WAS SEVERLY ABUSED AS A CHILD BY HIS PARENTS. HE REPORTS HE HAS A 25 YEAR OLD DAYGHTER WHO IS SEVERLY AUTISTIC

LIST CURRENT PSYCHOTROPIC MEDICATIONS:

PROZAC 60MG PO Q AM

☐ Check if None

Pertinent medical medications:

NONE REPORTED

Compliance: ☒ Good ☐ Poor (list details)Side effects: ☒ None ☐ Yes (list details)MAR reviewed: Yes ☒ No ☐

Is offender currently prescribed Involuntary Psychotropic Medication(s)?

Yes ☐ No ☒

Lab Results: Comment on abnormal results and include drug levels.

None ordered ☒

ILLINOIS DEPARTMENT OF CORRECTIONS
Psychiatric Progress NoteFacility: Centralia Correctional CenterOffender Name: WACHTER, MARC ID Number: M12656 Date: Mar 1, 2022Start Time: 8:50 AMAllergies or Medication Sensitivities? ☐ No ☒ Yes If yes, then describe: ANTIPSYCHOTIC, HEAVY METALSScheduled Visit Type: Routine Follow Up ☒ Complex Follow Up Evaluation ☐Level of Care: Outpatient ☒ Residential Treatment Unit ☐ Inpatient ☐ Crisis ☐Type of Visit: Telepsychiatry ☒ Onsite Evaluation ☐ Other ☐ (identify): _____Has offender been on Crisis Watch since last psychiatric visit? Yes ☒ No ☐

If yes, explain:

Source of Information: (Check all that apply)

☒ Offender ☒ Mental Health Staff ☒ Medical Staff ☐ Mental Health Progress Notes

☒ Medical Progress Notes ☐ Mental Health Evaluation dated: _____

☐ Crisis Records ☐ Other (identify): _____

☒ Previous Psychiatric Progress Note

Subjective/Objective

MSR = 2033
 PATIENT JUST CAME OFF CRISIS FOR TEN DAYS HE WAS A HUNGER STRIKE FOR 7 DAYS. "I ATE THIS MORNING, I AM TRYING TO GET USED TO MY NEW CELL"

LIST CURRENT PSYCHOTROPIC MEDICATIONS:

PROZAC 60 MG PO Q HS
 KLONOPIN 1 MG PO Q HS *BH*

☐ Check if None

Pertinent medical medications:

PER MEDICAL

Compliance: ☒ Good ☐ Poor (list details) _____Side effects: ☒ None ☐ Yes (list details) _____MAR reviewed: Yes ☒ No ☐

Is offender currently prescribed Involuntary Psychotropic Medication(s)?

Yes ☐ No ☒

Lab Results: Comment on abnormal results and include drug levels.

None ordered ☒*P617*

ILLINOIS DEPARTMENT OF CORRECTIONS
Psychiatric Progress Note

Facility: Centralia Correctional Center

Offender Name:

Last, First WACHTER, MARC

ID Number: M12656

Date: Feb 28, 2022

☐ Fill in values and measurements on Metabolic Screening and Monitoring form (DOC 0532)

☐ Needs medical referral for: _____

☐ Needs MHP referral (Complete DOC 0387) for:

☐ Sleep hygiene ☐ Anger management ☐ Trauma history ☐ Psychometric testing

☐ Other: _____

☐ Crush/float all Psychotropics due to ☐ Hx of non-compliance ☐ Hx of hoarding medications ☐ Abuse Potential

☐ Other: _____

☒ Offender has been given a copy of the Psychotropic Medication Information brochure.

☒ I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with the offender.

☐ Offender's psychiatric condition has been stable on the same psychotropic medication(s) at the same dose for the past 60 days - may be seen max OP - 3 months, RTU - 2 months, Enforced - 1 month.

☒ The offender has signed his/her Medication Consent Form.

☐ Treatment plan update needed based on change of diagnosis, direction of treatment, etc. (DOC 0546)

Designation: ☐ SMI ☐ Enforced Psychotropic to be continued (clinically necessary)

☐ Other (identify): _____

Disposition (Level of Care)

☒ Outpatient Level of Care ☐ Residential Treatment Unit ☐ Inpatient ☐ Crisis

Next Appointment: PER CRISIS PROTOCOL

Evaluation completed by:

<u>Bell</u>	<u>ELISA P BELL</u>	<u>Psychiatrist</u>
Print Name	Signature	Title
<u>02/28/22</u>	<u>8:50 AM</u>	
Date	End Time	

At the center
3/1/22

ILLINOIS DEPARTMENT OF CORRECTIONS

Psychiatric Progress Note

Facility: Centralia Correctional Center

Offender Name:

Last, First WACHTER, MARC

ID Number: M12656

Date: Apr 11, 2022

Insight	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/>
Judgment:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/>
Motivation:	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor <input type="checkbox"/>
Historian:	<input checked="" type="checkbox"/> Reliable	<input type="checkbox"/> Poor	<input type="checkbox"/> Inconsistent <input type="checkbox"/> Unable to assess at this time

Diagnoses

Psychiatric Diagnosis: ASD, UNSPECIFIED ANXIETY D/O R/O PTSD

Medical Diagnosis: PER MEDICAL

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved ☐ Remained same ☒ Worsened ☐

Modified Global Assessment 58 to 63

Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes ☐ No ☒

Narrative Summary

PATIENT COMPLAINING ABOUT THE SYSTEM, NOT HELPING HIM "I HAVE ASPERGERS, I NEED MORE ASSISTANCE" HE REPORTED AN OK APPETITE/ SLEEP NO PANIC, NO CRYING SPELLS, HE DENIED SUICIDAL/HOMICIDAL IDEATION OR PLAN NO PSYCHOSIS.

Psychiatric PLAN

Psychotropic Medication: ☐ Started (DOC 0541) ☐ Discontinued ☐ Changed

☒ Continue Current Medication

☐ Medication specifics and rationale:

** RENEW BOTH MEDICATIONS / PROZAC X 6 MONTHS, KLOPINOL X 30 DAYS

B. Halber

☐ AIMS completed today (if necessary) (DOC 0336) ☐ AIMS to be done by RN (if necessary)

☐ Labs ☐ CMP ☐ BMP ☐ CBC+Plts ☐ Thyroid Profile ☐ Lithium ☐ Carbamazepine

☐ VPA ☐ Lipid Profile ☐ A1C ☐ EKG ☐ Other: ☐ Other:

☐ Abdominal circumference: ☐ BMI ☐ BP/P

This is Exhibit 2A
PLEASE file

BEGIN USING FROM BOTTOM UP

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

Offender: Wachter, Merv ID #: M12656 Date: 8/18/20
 Allergies: Antipsychotics deny med Facility: Centralia Cell #: _____
 ORDER: (Physician's Signature After Last Order)

please give the note extra time to eat meals
 patient suffers from extreme anxiety - due
 to Autism.

DEA/Illinois Lic. #: _____ Physician (Print): E. J. [Signature]

☐ May Substitute: _____ M.D.

☐ May Not Substitute: _____ M.D.

Noted by: Chermasso R Date: 8/19/20 DOC 0559 (Eff. 8/2019)
 Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

Offender: _____ ID. #: _____ Date: _____
 Allergies: _____ Facility: _____ Cell #: _____
 ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: _____ Physician (Print): _____

☐ May Substitute: _____ M.D.

☐ May Not Substitute: _____ M.D.

Noted by: _____ Date: _____ DOC 0559 (Eff. 8/2019)
 Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

Offender: _____ ID. #: _____ Date: _____
 Allergies: _____ Facility: Centralia Corr. Center Cell #: _____
 ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: _____ Physician (Print): Michael Bednarz

☐ May Substitute: _____ M.D.

☐ May Not Substitute: _____ M.D.

Noted by: _____ Date: _____ DOC 0559 (Eff. 8/2019)
 Replaces DCA 7000

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ILLINOIS DEPARTMENT OF CORRECTIONS
PROPERTY

CENTRALIA CORRECTIONAL CENTER

FACILITY COPY


Offender WACHTER, ID Number M12656 has been issued the following property item:

	<u>START DATE</u>	<u>STOP DATE</u>
ADA Vibra Lite watch	<u>7-1-20</u>	<u>NONE</u>
ADA Vibrating watch (Casio)	<u>N/A</u>	

Offender was offered a Vibra Lite and does ☒ does not ☐ want this property item.Offender received Vibra Lite and instructions Y ☒ N ☐ N/A ☐Offender who refused a Vibra Lite has a Casio vibrating watch instead. Y ☐ N ☐ N/A ☒

- Offender already possessing a Casio retains either a Casio OR a Vibra Lite
- Offender on waiting list for a Casio watch will be offered a Vibra Lite in place of the Casio and can either accept the Vibra Lite or decline an ADA watch altogether.


 Offender signature


 Issuing Employee Signature

7-1-20
 Date

of a laugh that draws the attention of bystanders, or they may have trouble with what most people consider simple tasks. People who have ASD can often solve the most complex problems but struggle with some relatively simple tasks. We may also have impaired motor skills and issues with coordination, making us easy targets for bullies.

Those of us who are diagnosed as having ASD late in life have probably received hundreds of clues related to our condition without understanding their significance. The significance of the following list of clues, descriptions which may apply to you, may be meaningful after several decades of confusion and humiliation. Please be aware that each of the descriptive 'clues' below are negative, and therefore identification with these labels over several decades will have inevitably damaged our self-esteem.

- ★ *Selfish:* Autistic people are self-absorbed in intellectual 'bubbles' and may spurn social events or group activities which make us feel uncomfortable. Autism derives from the Greek word *autos*, which means 'self'. We are driven by our special interests, so our behaviour may seem selfish or aloof.
- ★ *Clumsy:* Many autistic people are less coordinated than neurotypical people, so there are not many top sportspeople in the autism community, particularly in the realm of team sports. This is unfortunate because many people consider participation in team sports and keeping abreast of national soccer or rugby leagues as mandatory for 'normal' men.
- ★ *Mad:* Sometimes the combination of creativity, eccentricity, anger and mental ill health is incorrectly perceived as madness, or labelled as schizophrenia; however, most of us are simply quirky because we lack the ongoing reality checks to which neurotypical people have access.
- ★ *Alien:* Sometimes people who are on the autism spectrum are regarded as aliens from another planet because our ways are different, and sometimes taboo or even offensive. Jen Birch says in her book that one of her identity issues was, 'Am I an earthling or an alien?' (Birch 2003, p.46).

★ *Naïve:* Many people who have ASD are easily tricked and manipulated due to our lack of cognitive empathy (our ability to perceive other people's thoughts and feelings). Another term for cognitive empathy is 'theory of mind'.

- ★ *Ungrounded:* Many autistic people tend to be intellectual thinkers lacking man-management and executive skills as well as basic coping skills that facilitate survival; however, the good news is that diagnosis helps us to ground ourselves and become more practical.

Pretending to be normal and possibly resisting self-identification

One way to survive in a predominantly neurotypical world is to act like a neurotypical (normal) person, and many autistic adults do so for decades before we finally understand ourselves; however, pretending to be someone else damages our self-esteem and mental health because we feel unable to honour and express ourselves truthfully.

Pretending to be normal is a common survival strategy for many people on the autism spectrum. We know that we are more likely to get a job if we improve our presentation or when we boast about our achievements. We want our interviewer or potential boss to tick all of the recruitment check boxes, but we also want him or her to like us, so by using 'small talk' and a little humour, we improve our chances of success.

Children try to fit in after the age of eight. Before that, they may have been isolated, but now the person tries to fit in and uses different ways from observation, imitation and so forth. The self-identification and diagnosis can be when the person has the mental maturity to understand the actual terms and diagnosis. But what I tend to find is that teenagers don't want the diagnosis – not because they disagree with diagnosis itself but rather fear that diagnosis will lead to victimisation. They know that their peers view anyone who has a disorder in a derogatory way. (Tony Attwood, interview, 13 November 2013)

Please forward to LEONARD Austin immediately
I need help NOW today.

1B

Assigned Grievance #/Institution: 4-22-4-65 JETV Housing Unit: E2 Btr: B-14

1st Lvl rec: 2nd Lvl rec: 4-11-22

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

Date: APRIL 10 th 22	Offender (please print): MARC WACHTER	ID #: M12656	Race (optional): White
Present Facility: CENTRALIA CORRECTIONAL CENTER		Facility where grievance issue occurred: CENTRALIA CORRECTIONAL CENTER	

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☒ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denial by Facility ☐ Other (specify):

☐ Disciplinary Report

Date of report: APR 11 2022 Facility where issued: CENTRALIA CORRECTIONAL CENTER

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody denial receipt.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline is deemed an emergency or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mad to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THIS IS AN EMERGENCY GRIEVANCE, I AM SUFFERING DANGEROUS AND IRREPARABLE PHYSIOLOGICAL & PHYSICAL DAMAGE DUE TO THE OPPRESSIVE DISCRIMINATION BY MENTAL HEALTH STAFF DUE TO MY AUTISM DIAGNOSIS. EXPLANATION IS AS FOLLOWS, ON OR ABOUT MARCH 15th I WAS MOVED FROM RECEIVING TO E2 B-14. THAT MORNING I ASKED SECURITY STAFF IN BUILDING TO CALL MRS. DOLLE AND SEE IF I COULD BE SEEN IMMEDIATELY.

Relief Requested:

REGULAR TREATMENT COMPARABLE OF OUTSIDE STANDARDS MUST BEGIN IMMEDIATELY BY LAW AND THIS OPPRESSIVE DISCRIMINATION STOPPED IMMEDIATELY. I NEED HELP NOW! TODAY. NO MORE EXCUSES. I AM IMPLoding and have left to self destruct by destruction of a Disability.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Offender's Signature: [Signature] ID#: M12656 Date: 4-11-22

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name: Sign Counselor's Name: Date:

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received:

Is this determined to be of an emergency nature?

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Thomas Auer Date: 4.11.22

DOC 0048 (Rev. 01/2020)

pg 23

Assigned Grievance #00000000

#795

Housing Unit 726

Bed # 7

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender's Grievance

1st L.A. rec

2nd L.A. rec

Date: JULY 5 th 2023	Offender (please print): MARC WACHTER	ID #: M12656	Race (optional): white
Present Facility: CENTRALIA CORR. CENTER		Facility where grievance issue occurred: CENTRALIA CORR. CENTER	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☒ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify):
☒ Disciplinary Report JULY 5th 2023 CENTRALIA CORR. CENTER

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On JULY 5th 2023 AT APPROX 11:00 AM CST AN INMATE WAS TOLD, AND ADDED READY TO MOVE INTO EAST 2 B-14 CELL CURRENTLY OCCUPIED BY BROTHER WITH 7 SECURE CRIMES FOR SINGLE OCCUPANCY CELL ACCOMMODATION, TWO PROTECTIVE CUSTODY CONCORDS, 7 FROM INMATE'S HARBOR POWER IN PLACE MEET AND REPEATEDLY UPHOLD their challenge. The other 2 FROM INMATE HEALTH ARE TO 2 FROM INMATE'S IN 2024 INMATE'S

☒ Continued on reverse

Relief Requested:

Request exonerable Protective Custody in single cell occupancy that cannot be decided by any 11 months or security staff.

This grievance is being sent directly to the ARB in accordance with above direction by Eastern institution of law is 4th

- ☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance. Request for Protective Custody and Security.

Signature of Offender

ID# M12656

Date JULY 9th 2023

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Distribution Master File Offender

Page 1 of 2

DOC 0048 (Rev. 01/2020)

Exhibit A

P624

Assigned Grievance # 17-1024-11868 Housing Unit: N' **RECEIVED**

1st Lt. REC. 10/10/24 ILLINOIS DEPARTMENT OF CORRECTIONS 2nd Lt. REC. OCT 15 2024
Offender's Grievance

Date: <u>10/10/24</u>	Offender (please print): <u>Bryan Stewart</u>	ID #: <u>M48657</u>	CENTRAL ILLINOIS DEPARTMENT OF CORRECTIONS GRIEVANCE OFFICE
Present Facility: <u>Centralia CC</u>		Facility where grievance issue occurred: <u>Centralia</u>	

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☒ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denied by Facility ☒ Other specify: Wexford and Administrative Custody

☐ Disciplinary Report

Date of report: _____ Facility where issued: CT 11 2024

Note: Protective Custody Denials may be reported immediately via the local administration on the protective custody status notification (GRIEVANCE OFFICE).

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I saw Dr. Arora on 9/15/24 for my need for an ADA assistant due to the symptoms and issues produced by genetic condition neurofibromatosis that has caused tumors throughout my body and specifically a cluster of tumors on my spinal area. It also causes nerve issues and weakness. Dr. Arora panicked upon my ask for ADA assistant and said "They don't let me do anything" and she didn't know what to do. She then would only refer to my claim of a "hernia". She refused to

Relief Requested:

I would like to be assigned an ADA assistant for my "neurofibromatosis". This is not grievance #0924-1068 (that is currently at the ARB) it's in response to it's response. My ADA need is for my neurofibromatosis. It has nothing to do with a hernia or ultra sound. Ultra Sound has nothing to do with this decision.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Bryan Stewart M48657 10/10/24
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, PO Box 10277, Springfield, IL 62704-0277

Response:

Print Counselor's Name _____ Non Counselor's Name _____ Date _____

Note to offender: If you disagree with the counselor's response, you may appeal to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: OCT 11 2024

Is this submitted to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Dr. Arora

10/11/24

Assigned Grievance Worksheet:

#882

Housing Unit:

Inmate ID:

#1st rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lt rec:

discuss the 'neurofibromatosis' which has been diagnosed since I was four-years-old, is a visible, and is in my IDoc/Wexford file/medical file which also contain many MRI's, CT scans, and write to Dermatology, neuro-oncology, and neurologists ext. This is a known and increasingly worsening condition and Dr. Arora tried to tell me that my known, diagnosed tumors were "just lipomas" aka a fatty tumor without even examining them. I filed a grievance on my refusal of an ADA assistant on 9/19/24 and got a response back on 10/9/24 which only refers to my suspected 'hernia' and that my wait/held for ADA assistant approval is continued base on results of a Sono/ultrasound confirming a 'hernia'. There was no mention of my "Neurofibromatosis" which is the reason I have requested an ADA assistant in the first place. My need for ADA care. This further illustrates the wanton neglect from Wexford health care and Centralia CC Administration over-reach. And the taking advantage of the AD/ID (Attention Deficit Disorder) and learning disabilities that are also common traits of my 'neurofibromatosis'. And have been diagnosed in me already. In response to this emergency grievance please mention the awareness and acknowledge my "Neurofibromatosis" and that that's the reason I am requesting and need an ADA assistant, and that I can not perform "major life activities" without hindrance or obtaining great pain, discomfort, or further injury. This issue has not been grieved yet. Immediate response saying otherwise is refusal to process and is automatic 'exhaust of remedy'.

- 1.) You are alerted that under 42-USC #12101 You're denying me access to services, programs and activities.
- 2.) You are alerted that under 42-USC #1983 You are denying treatment of a serious medical need and causing 'wanton' and unnecessary infliction of pain and suffering by refusing to address neurofibromatosis as an ADA need.
- 3.) You are alerted that under 42-USC #1985, Dr. Arora's comment that "They don't let me do anything" then refusing to address my neurofibromatosis and only an alleged hernia constitutes conspiracy to deny me my medical care/constitutional rights to medical care.
- 4.) You are alerted that under 42-USC #1986, Anyone who knows about this conspiracy and chooses to not stop it is liable to me and any and all individuals included.

The visible and clear trait of my AD/ID and learning disability are also clear as a seen and noticed disadvantage to litigate and write grievances by the way I speak and write. The administration and grievance counselors use this to their advantage to deny my grievances. Also many grievances are often not filed furthering evidence of conspiracy. Discarding, disposing, and not sending a counseling summary of this grievance is refusal to file and automatic remedy exhaust. This grievance is marked emergency in nature. Grievance office is using my writing patterns to avoid addressing the grievance issues.

Distribution: Master File, Offender

Page 2 of 2

DOC 8848 (Rev. 01/2020)

#1151
ILLINOIS DEPARTMENT OF CORRECTIONS
Individual in Custody Request

Individual in Custody Name: MARK WALTER ID #: 1212656 Living Unit: K2 012
Job Assignment: _____ Shift: _____

Please refer to the directory located in your orientation manual and address proper personnel.

To: ☐ Clinical Services ☐ OAEVS ☐ Career and Technical Education (CTE) ☐ Business Office
☐ Record Office ☐ Placement Office ☐ other (specify): MENTAL HEALTH ADMIN STROVER

for the purpose of (explain):
PLEASE SEE THE ATTACHED LETTER CANCELING THIS REQUEST SLIP.

Have you previously discussed this issue with a staff member? ☐ No ☐ Yes If yes, name: _____
[Signature] 02-06-25
Individual in Custody's Signature Date

INDIVIDUALS IN CUSTODY DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):
Mental Health does not manage cell placements. Please contact placement regarding your request.

Print Staff Name

[Signature]
Staff Signature

2/10/25
Date

Distribution: Affected Unit

DOC 0286 (Rev. 3/2024)

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE (Continued)

This is not the first time that Badenhorst has been very disruptive over this issue and has been told several times that when staff is not present in the housing unit due to compliance checks that she would have to wait for her shower till staff was back. Badenhorst doesn't like this resolution of the issue because it doesn't accommodate her enough. As far as staff unlocking other offenders and letting them out while Badenhorst was in the shower is a lie. I personally instructed staff to keep C/D side locked up till she was done with the shower. Badenhorst is well aware of all rules and regulation of transgender policy's.

Staff are following current transgender shower policy; IIC Bulletin # 23-39 & 24-1.

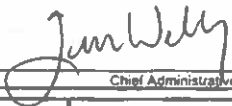
Housing unit assignments are assigned according to but not limited to a standard of criteria set up for the safety and security of the institution. These guidelines are enforced by the discretion of the Administration and Placement. IDOC is not obligated to give any particular individual any particular housing assignment.


Staff assignment is an Administrative decision and warrants no further review.

Individual in Custody transfer should be initiated through the assigned housing unit Counselor.

#1153
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE

Grievance Officer's Report		
Date Received: 01/08/2025	Date of Review: 01/23/2025	Grievance #: K7-0125-0063
Individual in Custody Name: Wachter, Marc		ID#: M12656
Nature of Grievance: Wachter claims to have received an IDR for an incident that was improperly handled by staff on 12/12/24. Wachter claims this was over other individuals mistreating another transgender individual that Wachter was trying to help out.		
Facts Reviewed: Wachter M12656 filed a grievance dated 1/7/25 regarding IDR written on 12/12/24. Relief requested is: "I request these tickets and restrictions be expunged and \$1,000 compensation from the tort fund be made in restitution for irreparable liberty deprivations immediately." DTS was reviewed. Individual was identified by the Adjustment Committee and all charges were read. Individual plead not guilty to the charges. Staff report indicates on 12/12/24 at 10:00 AM individual Wachter M12656 approached N1 control pod and in a very aggressive demeanor and said, "If you don't get these mother fuckers out of here they will be leaving in body bags." The zone sergeant and zone lieutenant were notified. Wachter was then restrained and escorted to restrictive housing with no further incidents. Wachter M12656 was identified by offender 360 and housing unit bed sheet Witness was requested by Wachter and interviewed and stated: "Marc wasn't talking about hurting anyone. He was saying that if something isn't done about the constant harassment I'm receiving then someone would end up hurt." Individual was found guilty of 206 due to staff report indicating Wachter made threatening comments toward other individuals in custody. Recommended and approved 7 days RH and 1 month Gym/ Yard loss. <div style="text-align: right;">Cont'd.</div>		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be denied. Investigations are Administrative decisions and warrant no further review. Video footage was not available for review due to being overwritten prior to grievance being written and review being requested. DR 504 procedures were followed, and I find there are no grounds to change the decision or the disciplinary action. Compensatory payment is outside the jurisdiction of this facility. Daniel Morgan, CCII <div style="text-align: right;">Daniel Morgan <small>Digitally signed by Daniel Morgan Date: 2025.01.23 12:17:42 -06</small></div>		
<small>Print Grievance Officer's Name (Attach a copy of Individual in Custody's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response	
Date Received: JAN 23 2025	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken: CENTRAL INMATE COUNCIL WACHTER GRIEVANCE	
 Chief Administrative Officer's Signature	1/23/25 Date

Individual in Custody's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
 Individual in Custody's Signature	M12656 ID#	JAN 29 2025 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO INDIVIDUAL IN CUSTODY'S GRIEVANCE (Continued)

Grievance Officer response: Individual states in the grievance that Internal Affairs conducted an investigation. Decisions by the investigations unit are Administrative decisions and warrant no further review. Video footage is only available for a limited time unless requested to be saved prior to being overwritten. Request for video footage was not requested in a timely manner and is no longer available for review. DR 504 procedures were followed, and I find there are no grounds to change the decision or the disciplinary action. Compensatory payment to an individual is outside the jurisdiction of this facility and warrants no further review.

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: WACHTER, MARC J		IDOC Number: M12656		Race: WHI	
Hearing Date/Time: 12/17/2024 08:30 AM		Living Unit: CEN-E2-B-12		Orientation Status: N/A	
Incident Number: 202404956/1 - CEN		Status: Final			

Date	Ticket #	Incident Officer	Location	Time
12/12/2024	202404956/1-CEN	HODGE, BRITTANY C	HOUSE UNIT NORTH 1	10:00 AM

Offense	Violation	Final Result
206	Intimidation Or Threats	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
Inmate	IDOC#: M48657	STEWART, BRYAN	Witness Was Called

Requested By Inmate

Statement: Marc wasn't talking about hurting anyone. He was saying that if something isn't done about the constant harassment I'm receiving then someone would end up hurt.

Witness Interviewer Signature

I attest to the statements as being a correct reflection of the statements provided to me by witnesses.

RECORD OF PROCEEDINGS

Individual Identified. Charges read Individual pled not guilty to all charges.

BASIS FOR DECISION

Staff report indicates on 12/12/24 at 10:00 AM individual Wachter M12656 approached N1 control pod and in a very aggressive demeanor and said, "If you don't get these mother fuckers out of here they will be leaving in body bags." The zone sergeant and zone lieutenant were notified. Wachter was then restrained and escorted to restrictive housing with no further incidents. Wachter M12656 was identified by offender 360 and housing unit bed sheet.

Witness interviewed.

Found guilty of 206 due to staff report indicating Wachter made threatening comments toward other individuals in custody.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL
7 Days Segregation	7 Days Segregation
1 Months Gym/Yard Restriction	1 Months Gym/Yard Restriction
Basis for Discipline: Nature of offense	

Signatures			
Hearing Committee			
WESTBROOK, BRANDON A - Chair Person		12/17/24	BLK
KOLLMAN, PATRICK C		12/17/24	WHI
Recommended Action Approved			Race

Final Comments: N/A

#1156
ILLINOIS DEPARTMENT OF CORRECTIONS

Disciplinary Report

Type of Report: ☒ Disciplinary ☐ Investigative

Facility: Centralia CC Date: 12-12-24

Name of Individual in Custody: Wachter, Marc ID #: m1a656 SMI: ☒ yes ☐ no Race: Wh. M.

Observation Date: 12-12-24 Approximate Time: 1:00 ☒ a.m. ☐ p.m. Location: North 1 @ dayroom

Offense(s): DR 504: 206-Intimidation or Threats

Observation: (NOTE: Each offense identified above must be substantiated.) On the above date and approx time individual Wachter, Marc m1a656 approached NI Central pod in a very aggressive demeanor and said "If you don't get these mother fuckers out of here they will be leaving in body bags. Zone sat. and zone Lt were notified. Wachter was then restrained and escorted to Restitutive Housing with no further incidents. Wachter, Marc m1a656 was identified by offender 360 and housing unit bed sheet.

Witness(es): _____

☐ Check if Disciplinary Report Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

<u>Hodge</u>	<u>7107</u>	<u>[Signature]</u>	<u>12-12-24</u>	<u>1051</u>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Signature	Date	Time	

Disciplinary Action:

Shift Review: ☒ Temporary Confinement ☐ Investigative Status Reasons: Nature of Offense

Printed Name and Badge # Major Leck 80 Shift Supervisor's Signature [Signature] Date 12-12-24
(For Transition Centers, Chief Administrative Officer)

Reviewing Officer's Decision: ☒ Confinement reviewed by Reviewing Officer Comment: Nature of Offense

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge # MA, JR. [Signature] 776 Reviewing Officer's Signature [Signature] Date 12/12/24

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge # _____ Hearing Investigator's Signature _____ Date _____

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if individual in custody refused to sign

Individual in Custody's Signature J. Meyer ID# _____

Serving Employee (Print Name) J. Meyer Badge # 11176 Signature [Signature]

Date Served 12-12-24 Time Served 750 ☐ a.m. ☒ p.m.

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Individual in Custody's Signature _____

ID# _____

Case 3:25-cv-00382-SPM Document 1 Filed 03/24/25 Page 54 of 64 Page ID #54 STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS #1157 ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT		
Name: WACHTER, MARC J Hearing Date/Time: 12/17/2024 08:30 AM Incident Number: 202404956/1 - CEN	IDOC Number: M12656 Living Unit: CEN-E2-B-12 Status: Final	Race: W-I Orientation Status: N/A

<u>DANIEL J MONTI / DJM 12/22/2024</u> Chief Administrative Officer	Signature	12/22/24 Date
--	-----------	------------------

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

<u>Employee Serving Copy to Committed Person</u>	When Served -- Date and Time

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JB Pritzker
Governor



Latoya Hughes
Acting Director

The Illinois Department of Corrections

Centralia Correctional Center
9330 Shattuc Road • Centralia, IL 62801 • (618) 533-4111 TDD: (800) 526-0844

INDIVIDUAL IN CUSTODY BULLETIN NO. 2024-46

TO: All Individuals in Custody

FROM: Daniel Monti, Warden – Centralia Correctional Center

DATE: October 7, 2024

RE: MEDICAL EQUIPMENT PERMITS

Beginning October 8, 2024, Centralia Correctional Center Healthcare Unit will reissue new permits for medical equipment (see list below).

A nurse will visit each housing unit to evaluate medical equipment to determine the need and, if the equipment is needed, the Individual in Custody will be issued a new permit.

All permits dated prior to 10/8/24 will not be valid beyond October 31, 2024. Possessing a valid permit will be the responsibility of the Individual in Custody. Failure to comply will result in confiscation of equipment and a disciplinary ticket. The Individual in Custody will then be responsible for resubmitting a medical request slip to be evaluated for the need of equipment.

Medical Equipment List

Walker	Medical Shoes
Cane	Compression Socks
Wheelchair	Binders
Eyeglasses	Braces
Hearing Aids	Ace Wraps
Tactile Watches	CPAP

**Other items not listed may qualify – if unsure, ask the nurse at the time of housing unit visit.*

TO BE POSTED IN ALL HOUSING UNITS, ON TABLETS & ON TV.

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.Illinois.gov/doc

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J.B. Pritzker
Governor



Latoya Hughes
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: MARC WACHTER

11/25/24

Date

ID# : M12656

Facility: CENTRALIA

This is in response to your grievance received on 8/7/24. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 12/8/23 Grievance Number: E-23-21-61 Griev Loc: CENTRALIA

☒ Medical /ADA: Grieves not having a follow-up, prescriptions filled or MRI scheduled after medical furloughs on 11/7/23 & 11/9/23

☐ Dietary

☐ Personal Property

☐ Mailroom/Publications

☐ Staff Conduct

☐ Commissary / Trust Fund

☐ Conditions (cell conditions, cleaning supplies, etc.)

☐ Disciplinary Report: Dated: _____ Incident # _____

☐ Other

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.

☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

☒ Other: Mixed. A response was obtained from the HCUA regarding the MRI scheduling, it does appear there was a delay in the referral process, but that it has since been completed. Warden is to ensure that healthcare staff are completing the necessary orders.

Records reflect the grievant has access to healthcare and has had numerous call passes since the filing of this grievance.

FOR THE BOARD: _____

Rebecca Riggs
Administrative Review Board

CONCURRED: _____

Latoya Hughes
Acting Director

CC: Warden, CENTRALIA Correctional Center
MARC WACHTER ID# M12656

PAGE 5

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.illinois.gov/doc

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ILLINOIS DEPARTMENT OF CORRECTIONS

Disciplinary Report

Type of Report:

☒ Disciplinary☐ Investigative

Facility:

Centralia CC

Date: 12-12-24

Name of Individual
in Custody:

Wachter, Marc

ID #:

M12656

SMI:

☐ yes
☒ no

Race:

White

Observation Date: 12-12-24

Approximate Time: 1000

☒ a.m.
☐ p.m.

Location:

North 1 @ dayroom

Offense(s): DR 504:

206-Intimidation or Threats

Observation: (NOTE: Each offense identified above must be substantiated.)

On the above date and approx time individual Wachter, Marc M12656 approached NI Control pod in a very aggressive demeanor and said "If you don't get these mother fuckers out of here they will be leaving in body bags. Zone Sgt. and zone Lt were notified. Wachter was then restrained and escorted to Restictive Housing with no further incidents. Wachter, Marc M12656 was identified by offender 360 and housing unit bed sheet.

Witness(es):

☐ Check if Disciplinary Report Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

Hodge	7107	[Signature]	12-12-24	1051	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Signature	Date	Time	

Disciplinary Action:

Shift Review:

☒ Temporary Confinement☐ Investigative Status

Reasons:

Nature of Offense

Printed Name and Badge #

Major Lark 80

Shift Supervisor's Signature
(For Transition Centers, Chief Administrative Officer)

Major [Signature]

Date

12-12-24

Reviewing Officer's Decision:

☒ Confinement reviewed by Reviewing Officer

Comment:

Nature of Offense

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

MA, [Signature] 776

Reviewing Officer's Signature

[Signature]

Date

12/12/24

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only)

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if individual in custody refused to sign

Individual in Custody's Signature

ID#

Serving Employee (Print Name)

J. Meyer

Badge #

11176

Signature

[Signature]

Date Served

12-12-24

Time Served

750

☐ a.m.
☒ p.m.☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Individual in Custody's Signature

ID#

PG 36

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: WACHTER, MARC J	IDOC Number: M12656	Race: WHI
Hearing Date/Time: 12/17/2024 08:30 AM	Living Unit: CEN-E2-B-12	Orientation Status: N/A
Incident Number: 202404956/1 - CEN	Status: Final	

DANIEL J MONTI / DJM 12/22/2024

Chief Administrative Officer

Signature

12/22/24

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

State of Illinois)

County of Clinton)

AFFIDAVIT

I, MARK WACHTER, do hereby declare and affirm that the following information within this affidavit is true and correct in substance and fact.

THE REASON FOR THE ATTACHMENT FROM OTHER
INMATES ARE TO ATTACH SUPPORTING EVIDENCE FOR
THE FACTS AND IS NOT AN ATTEMPT TO CREATE
A CAUSE OF ACTION FOR THE OTHER INMATES
WITH THIS COMPLAINT.

THERE IS MUCH MORE DOCUMENTATION AVAILABLE, HOWEVER,
DUE TO THE A-TYPICAL ORGANIZATIONAL PARADIGMS OF THE
PLAINTIFF AND THE ASSISTANT INCLUDING ALL AVAILABLE
INFORMATION WOULD ONLY LEAD TO CONFUSION.

I declare under the penalty of perjury that everything contained herein this "Affidavit" is true and accurate to the best of my knowledge and belief.

Subscribed And Sworn Before Me

_____ date of _____ 2025

Is/ 

None Available.

①

State of Illinois)

County of Clinton)

AFFIDAVIT

I, MANU WACHTER, do hereby declare and affirm that the following information within this affidavit is true and correct in substance and fact.

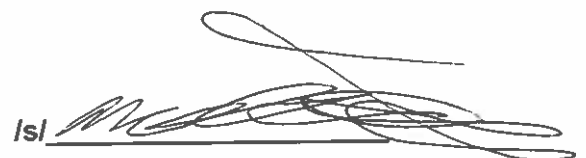
I SWEAR UNDER PENALTY OF PERJURY THAT I ASSISTED IN COMPLETING AND FILING THIS COMPLAINT FOR LEONARD (BAPPAHORST) FOR FREE UNDER THE PROTECTED RIGHT TO POLITICALLY ASSOCIATE. ALL ATTEMPTS TO PREPARE THIS DOCUMENT ACCORDING TO THE IDOC RULES HAVE BEEN EXHAUSTED. THE INMATE LAW CLERKS SIMPLY CLAIM IGNORANCE OF THE SUBJECT MATTER TO AVOID TRANSBENDERS, THERE IS NO FORM OF MEDICAL TREATMENT OR SERVICES AVAILABLE AT CCL FOR INMATES SUFFERING FROM ASD AND NONE OF THIS COMPLAINT IS MEANT TO BE VIEWED AS MALICIOUS OR FABRICATED. ALL ATTEMPTS HAVE BEEN MADE TO KEEP THIS FILING, ATTACHMENTS, EXHIBITS AND CLAIMS TO A BARE MINIMUM FOR THE COURTS AND DEFENDANTS REVIEW, HOWEVER MANU WACHTER ALSO SUFFERS FROM DIAGNOSED ASD AND HAS SEVERE A-TYPICAL ORGANIZATIONAL PARADIGMS ASSOCIATED WITH ASD AND HAS PUT IN THE UTMOST EFFORT TO ORGANIZE THE COMPLAINT FOR NEURATYPICAL REVIEW.

I declare under the penalty of perjury that everything contained herein this "Affidavit" is true and accurate to the best of my knowledge and belief.

Subscribed And Sworn Before Me

_____ date of _____ 2025

Is/



None Available.

(2)

STATE OF ILLINOIS)
KED COOK)
COUNTY OF)
CLINTON)

AFFIDAVIT

I, BRYAN STEWART do hereby declare and affirm that the following information within this affidavit is true and correct in substance and in facts.

I SWEAR UNDER PENALTY OF PERJURY THAT
MY LIMITED MOVEMENT, EXTREME PAIN, AND SIGNIFICANT
DIFFICULTIES ARE REPORTED ACCORDING TO THE BEST
OF MY ABILITIES BY REQUESTS, GRIEVANCES, APPEALS
AND SOME ATTEMPTS AT MANIPULATION TO RECEIVE THE
SUFFERING AND PAIN.

I WISH THE DEFENDANTS TO BE AWARE OF
MY RIGHTS UNDER LAW TO ACCESS REASONABLE MEDICAL
EDUCATION AND TREATMENT, ACCESS AND POSITIVE
SERVICES AND HAVE MY CONCERNS ADDRESSED TIMELY
AND APPROPRIATELY, TO BE FREE FROM CARELESS + UNUSUAL
PUNISHMENT AND TO BE TREATED EQUALLY -

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury that everything contained herein is true and accurate to the best of my knowledge and belief. I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this 21 day of NOV 2024

Bryan Stewart

Affiant

STATE OF ILLINOIS)
)
COUNTY OF)
FRIDAY)

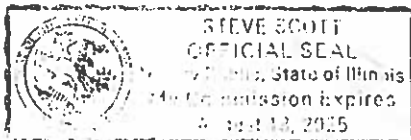
AFFIDAVIT

I, MARC WACHTER M12656 do hereby declare and affirm that the following information within this affidavit is true and correct in substance and in facts.

THESE ATTACHED GRIEVANCES SHOW THE ABSOLUTE
INFLUABILITY OF LEONARD BADELHORST'S APPLICATION OF RULES
ADMIN DIRECTIVES AND SUPPORT THE OBSERVATION THAT LEONARD
BADELHORST MUST LITERALLY AND STRICTLY APPLY RULES THAT MOST
NEURO TYPICAL INMATES NO TO BE INAPPLICABLE TO DAILY PRISON
LIFE, AS WELL SUPPORT THE OBSERVATION THAT LEONARD BADELHORST
HAS AN USUALLY DIFFICULT TIME NAVAGATING SUCH ENCOUNTERS WITH
STAFF AND INMATES. THESE GRIEVANCES WERE NOT INTENDED TO DISPLAY
ABSOLUTE PROOF OF ANYTHING, HOWEVER, DOCUMENTED EVIDENCE AND
TECHNICAL EXPERT EXPLANATIONS OF AN ISSUE SUCH AS ASD AND
ASSOCIATED AVAILABLE INFORMATION IS INCREDIBLY SCARCES IN THIS
ENVIRONMENT.

ATTACHED AS WELL IS THE MERIT REVIEW APPLIED FOR BY
MARC WACHTER IN THE UNITED STATES DISTRICT COURT (SD) CONFIRMING
THAT TESTING IN FDOC FOR ASD IS BEING REFUSED TO LEONARD
BADELHORST BECAUSE OF CURRENT LITIGATION SURROUNDING SERVICES
FOR ASD AND THE COST.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury that everything contained herein is true and accurate to the best of my knowledge and belief. I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.



[Signature]
7/3/24

Signed on this 27 day of AUGUST, 2024

[Signature]
Affiant

[Signature] 4

STATE OF ILLINOIS)
)
COUNTY OF)
JEFFERSON)

AFFIDAVIT

I LEONARD OADELHORST do hereby declare and affirm that the following information within this affidavit is true and correct in substance and in facts.

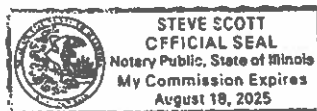
I HAVE DISCUSSED AT LENGTH WITH INMATES AND MENTAL HEALTH STAFF AS WELL AS SECURITY STAFF AND THE ADMINISTRATION MY SYMPTOMS OF ASD AND HAVE SOUGHT ALL THE HELP AND DIAGNOSTICS POSSIBLE TO NO AVAIL. I AGREE THAT THE EXPLANATION OF THESE OBSERVED SYMPTOMS ARE AS ACCURATE AS THEY CAN BE AS THEY ARE OBSERVATIONS OF LAY PEOPLE.

I AFFIRM THAT THESE SYMPTOMS ARE GENUINE AND SUBSTANTIALLY AFFECT MY LIFE, THAT AND NOW AND BELIEVE THIS ISSUE OF FITNESS IS BROUGHT TO THE BEST OF MY ABILITY AND AVAILABLE MY HELP IN GOOD FAITH.

I AM TRYING TO GET INDEPENDENTLY TESTED BUT DO NOT CURRENTLY HAVE THE FINANCIAL MEANS.

I AFFIRM ALL ATTEMPTS TO DO THESE FILINGS WERE DUE TO THE BEST OF MY ABILITY WITH ALL AVAILABLE SERVICES. BUT DUE TO SYMPTOMS OF ASD AND OTHER DISPHYSICALITIES HAVE BEEN DELIBERATELY DENIED BY DISCRIMINATION

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury that everything contained herein is true and accurate to the best of my knowledge and belief. I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.



[Handwritten signature of Steve Scott]

Signed on this 2nd day of September, 2024

[Handwritten signature of Leonard Oadelhorst]
Affiant

71

5

STATE OF ILLINOIS)
FOC COURT)
COUNTY OF)
COCONA)

AFFIDAVIT

I, LEONARD BARNES HOGST do hereby declare and affirm that the following information within this affidavit is true and correct in substance and in facts.

I SWEAR UNDER PENALTY OF PERJURY
I DO NOT WISH TO ENDURE THESE SPIRITUAL ENCOUNTERS
BY PREDATORY EXERCISES AND MANIPULATIONS. I HAVE MADE
DOZENS OF DOCUMENTED ATTEMPTS TO KEEP MYSELF AS SAFE
AS POSSIBLE BY BRING AROUND PEOPLE I TRUST. I HAVE
REQUESTED MANY TIMES FOR HELP WITH MY AUTISM SYMPTOMS.
I HAVE ASKED FOR HELP BY EMAILS WHEN NO HELP WAS AVAILABLE
FROM STAFF.

I AFFIRM MY CRIMINAL CASE STEMS FROM AN AUTISTIC
MELTDOWN AGAINST AN ABUSER OF MY MOTHER AND I, I
ACCIDENTALLY BEAT HIM TO DEATH DURING THIS INVOLUNTARY FIT
AND AS A RESULT I AM FORCED TO START YOGA, CARATE
CONFLICT, OR OTHERWISE BE FORCED TO PHYSICALLY DETACH MYSELF
IN FEAR OF MORE FATAL EPISODES THAT CAN ONLY BE CONTROLLED
BY TRAINING AND MANAGEMENT FROM YOGA INSTRUCTORS AND SPECIALISTS
OF AUTISM. THESE FEARS OF REAL RESULTS HAVE BEEN, IN MY OPINION,
TO CONSTANT AGREEMENTS TO PERFORM SPIRITUAL ACTS OR EXERCISES
TO AVOID MENTAL CONSEQUENCES ASSOCIATED WITH ULTIMATELY AUTISM.

I WISH DEFENDERS TO NOTIFY ME AT MY RIGHTS TO
BE FREE FROM THIS ABUSE AND PLACED IN A HOSPITAL RESIDENT
WHERE I CAN BE ASSISTED THERAPEUTICALLY UNTIL THIS CAN BE
RESOLVED.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury that everything contained herein is true and accurate to the best of my knowledge and belief. I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this 21 day of APRIL 2024.


Affiant